39

STANDING COMMITTEE ON DEFENCE

(2017-18)

(SIXTEENTH LOK SABHA)

MINISTRY OF DEFENCE

[ACTION TAKEN BY THE GOVERNMENT ON THE OBSERVATIONS/RECOMMENDATIONS CONTAINED IN THIRTY FOURTH REPORT (16TH LOK SABHA) ON PROVISION OF MEDICAL SERVICES TO ARMED FORCES INCLUDING DENTAL SERVICES]

THIRTY - NINTH REPORT

LOK SABHA SECRETARIAT

NEW DELHI

March, 2018 / Phalguna, 1939 (Saka)

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Presented to Lok Sabha on 13.03.2018

Laid in Rajya Sabha on 13.03.2018

LOK SABHA SECRETARIAT

NEW DELHI

March, 2018 / Phalguna, 1939 (Saka)

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COMPOSITION OF THE STANDING COMMITTEE ON DEFENCE (2017-18)

Maj Gen B C Khanduri, AVSM (Retd) - Chairperson

Lok Sabha

2. Shri Dipak Adhikari (Dev)
3. Shri Suresh C Angadi
4. Shri Shrirang Appa Barne
5. Col Sonaram Choudhary(Retd)
6. Shri Thupstan Chhewang
7. Shri H D Devegowda
8. Shri Dharambir Singh
9. Shri Jayadev Galla
10. Shri Sher Singh Ghubaya
11. Shri Gaurav Gogoi
12. Dr Murli Manohar Joshi
13. Km Shobha Karandlaje
14. Dr Mriganka Mahato
15. Shri Kalraj Mishra
16. Shri Partha Pratim Ray
17. Shri A P Jithender Reddy
18. Shri Rodmal Nagar
19. Shri B Senguttuvan
20. Smt Mala Rajya Lakshmi Shah
21. Smt Pratyusha Rajeshwari Singh

Rajya Sabha

1. Shri K R Arjunan
2. Shri A U Singh Deo
3 Shri Harivansh
4. Shri Madhusudan Mistry
5. Shri Basawaraj Patil
6. Shri Sanjay Raut
7. Smt Ambika Soni
8.# Dr Subramanian Swamy
9.* Shri Vivek K. Tankha

*** Resigned w.e.f. 16.11.2017**

 # Resigned w.e.f. 07.03.2018

SECRETARIAT

1.	Smt. Kalpana Sharma	-	Joint Secretary
2.	Shri T.G. Chandrasekhar	-	Director
3.	Smt. Jyochnamayi Sinha	-	Additional Director
4.	Smt. Rekha Sinha	-	Sr. Executive Assistant

REPORT

CHAPTER – I

This report of the Standing Committee on Defence deals with action taken by the Government on the observations/ recommendations contained in the Thirty-fourth Report (16th Lok Sabha) on 'Provision of Medical Services to Armed Forces including Dental Services', which was presented to Lok Sabha on 10.08.2017 and laid in Rajya Sabha on 09.08.2017.

2. The Committee's Thirty-fourth Report (16th Lok Sabha) contained 56 observations/ recommendations on the following aspects :-

Para No./Nos.	Subject
1	Role and Responsibilities of Armed Forces Medical Services (AFMS)
2-3	Shortage of Manpower
4	Shortage in Army Dental Corps (ADC)
5	Shortage in Military Nursing Services (MNS)
6	Shortage of Paramedical Staff of Armed Forces
7-12	Specialists/Super Specialists
13	Mitigation of shortfall in manpower
14	Periodic revision of manpower
15-17	Upgradation of super-speciality facilities
18	Deployment in tough terrains
19-22	Modernization and infrastructure Upgradation
23	Mobile Medical treatment facilities
24-27	Air Ambulances
28	Alternate medicine
29	Preparedness for Nuclear, Biological, Chemical war
30-33	Training
34-40	Armed Forces Medical College
41-43	Artificial Limb Centre
44	Funding
45	Medicines and Medical Stores
46	Indigenization
47	Contagious diseases
48	High altitude diseases
49	Psychological disorders
50	Digitization
51	Telemedicine

52-53	Research and Development
54-56	Collaboration with International Research organisations

3. Action Taken Replies have been received from the Government in respect of all the recommendations/observations contained in the Report. The replies have been examined and the same have been categorised as follows :-

(i) (a) Recommendations/Observations which have been accepted by the Government (please see Chapter II) :

Para Nos. 1, 2, 3, 4, 6, 9, 10, 13, 14, 15, 16, 17, 18, 19, 23, 25, 26, 28, 29, 30, 31, 32, 33, 36, 38, 39, 40, 41, 43, 46, 47, 48, 49, 50, 51, 52, 53, 55, 56

(39 Recommendations)

(b) Recommendations/Observations which have been accepted by the Government and commented upon (please see Chapter II) :

Para No. 5, 20, 21, 22, 34, 35, 37, 42, 45 & 54

(10 Recommendations)

(ii) Recommendations/Observations which the Committee do not desire to pursue in view of the replies received from the Government (please see Chapter III):

Para No. 11, 24, 27, 44

(4 Recommendations)

(iii) Recommendations/Observations in respect of which replies of Government have not been accepted by the Committee which require reiteration and commented upon (please see Chapter IV):

Para Nos. 7, 8, 12

(03 Recommendations)

(iv) Recommendations/Observations in respect of which Government have furnished interim replies (please see Chapter V):

Para No. Nil

(00 Recommendation)

4. The Committee desire that the Ministry's response to their comments made in Chapter 1 of this Report to be furnished to them at the earliest and in any case not later than six months of the presentation of this Report.

A. Shortage of Military Nursing Services (MNS)

Recommendations/Observations (Para No. 05)

5. The Committee had, in their Thirty-fourth Report recommended as under:-

> "The Military Nursing Service is intended to perform nursing duties in hospitals including family wards. MNS officers also perform administrative duties relating to their service in hospitals and formation HQ. Nursing Assistant (NA) and Nursing Technician (NT) in the rank of Personnel Below Officers Rank are also available for the performance of nursing duties in hospitals. In case of Military Nursing Services (MNS), the authorization is 4943 whereas the actual strength is 4036. In case of Army, the authorization is 4082 nurses while the held strength is 3379. For Navy, held strength is 288 against sanction of 382 and Air Force has on its roll 369 nurses against an authorization of 479.
>
> Under MNS (NT) for Army, the authorization is 370 and held strength is 352. In case of Navy and Air Force there is no sanctioning of the posts. In case of General Duty Medical Officers, the authorization is 4360 while the held strength is 3978. For specialists, the authorization is 2295 and actual strength is 2068. The authorization for super speciality is 210 and held strength is 208. The number of nurses and paramedical staff in AFMS hospitals is less than civil hospitals. For nearly 1000 bedded R&R hospital in Delhi, only 214 nurses are available, which is 1 nurse for 5 beds. This is far less than the position in AIIMS or in comparison to a corporate hospital like Apollo. In case of AIIMS, the ratio is 1.2 nurse per bed and in Apollo it is two nurses per bed. The nurse-bed ratio, therefore, needs drastic improvement."

6. The Ministry, in its Action Taken Reply, has stated as under:-

> "Current authorisation of MNS is 5317 and recruitment of 353 nursing officers will be carried out from civil this year and 210 will be commissioned this year which will reduce the existing deficiency. Regarding the perceived deficiency in Army Hospital (Research & Referral) (AH R&R), a large number of male nursing assistants are carrying out nursing duties in male wards. However after approval of suggested staffing norms by Govt of India, any upgradation or new hospital will have staffing patterns as per new norms."

Comments of the Committee

7. The Committee had expressed concern over shortage of nurses and paramedical staff in AFMC. Therefore, they had desired undertaking appropriate measures for improving the nurse-bed ratio. In pursuance thereof, in the Action Taken Replies, the Ministry has stated that 353 nurses will be recruited during this year. The Committee wish that the latest status of recruitment be communicated to them. Further, the Ministry of Defence has stated that commissioning of 210 posts of nurses will take place this year. The developments in this regard may be intimated to the Committee. The efforts being taken towards getting approval for

the staffing norms and the progress relating thereto may also be brought to the know of the Committee.

B. Specialists / Super-specialists

Recommendations/Observations (Para Nos. 7, 8 & 12)

8. The Committee had, in their Thirty-fourth Report recommended as under:-

"The sanction or the current pool of specialists in the AFMS is for 2295 posts as laid down vide Govt of India letter No. 10040/IX/DGAFMS/DG-1D/869/16/D(Med) dated 04 May 16. 5% cushion for future unforeseen requirement has been provided which works out to around 78. However, presently there is no enrolment under this category. The Committee desire that efforts should be made to fill up these vacancies at the earliest. In case of annotated appointment, the authorization is 665 while held strength is 519. A Board of Officers has been ordered for revision of the strength of pool of specialists. This is also linked with revision of staffing norms for the AFMS, which is under consideration.

Further, the Committee found that Specialist facilities are provided in service hospitals taken in to account the number of beds in the particular hospital. In case of 76-100 bedded hospitals, only medicine, surgery and anaesthesia specialities are available. The super specialities like Cardiology, Neurology, Nephrology, Urology, Reconstructive Surgery, Oncology, Joint Replacement, Gastroenterology, Endocrinology are available only in Command hospitals which have more than 600 beds. The Committee feel that the specialities such as Psychiatry, Dermatology, Eye, ENT, Paediatrics and Orthopaedics which are presently available only in zonal hospitals should also be extended to smaller hospitals, which have around 100 to 400 beds. Further, the Committee view that the specialities like Obstetrics and Gynaecology, Radiology and Pathology which are presently available only in 'more than 100 bedded hospitals' need to be upgraded even in lower level hospitals which have less that 100 beds as these specialities are coherent with other levels of specialities treatment.

The Committee were keen to know about the impact of shortfall of super specialists in offering services to the clientele of the AFMS. On this matter, the Ministry informed that the AFMS has a minimal deficiency of super specialists and specialists. Further it was submitted that although the impact of deficiency of super specialists is felt in terms of extended man-hours, rationalized leave and frequent move on temporary duties, emergency care of patients is not hampered. Further, constant and vigorous efforts are being made to reduce the deficiency minimum levels. The Committee feel that the issues like retirement, release, promotion etc. are well calculated in advance. Therefore, their recovery should be proactively planned and executed."

9. The Ministry, in its Action Taken Reply, has stated as under:-

"Changes with regard to staffing patterns of specialist and super specialist will be done prospectively in new hospitals and upgradations of existing hospitals, once staffing norms for AFMS hospitals are approved."

Comments of the Committee

10. The Ministry of Defence has made a vague reply to the concerns of the Committee regarding shortage of specialists/super specialists in Armed Forces Medical Services. In their original observation/recommendation, the Committee had noted that the impact of deficiency of super specialists is felt by way of extended man-hours, rationalization of leave and frequent move of the specialists on temporary duties. The Ministry has in their reply, stated that changes with regard to staffing pattern of specialists/super specialists will be carried out once the staffing norms for AFMS hospitals is approved. The Committee observe that the role of super specialities is very crucial in providing life saving medical treatment to the patients. Therefore, sincere and concerted efforts need to be made for mitigating the shortage of specialists/super-specialists in institutions falling under Armed Forces Medical Services. The Committee wish to be apprised of the developments in regard to the issue of approval for the proposed staffing norms.

C. <u>Modernization and Infrastructure Upgradation</u>

Recommendations/Observations (Para No 20)

11. The Committee had, in their Thirty-fourth Report recommended as under:-

> "On long term plan projection particularly with regards to upgradations of the existing facilities, the Committee have been apprised that for Army, there are plans to provide comprehensive medical support. Army Medical Corps has identified the existing voids and has proposed for raising of 07 Military/General hospitals and upgradation of 04 Militray/General hospitals. These have been done with the aim of ensuring requisite medical cover to the entire Indian Army. The raising of 03 Military hospitals and upgradation of 02 military/General hospitals in border areas has been sanctioned by Govt of India, MoD as part of Capability Development Plan for Northern borders. Further, the Committee have been told that there are various projects going on which include raising three hospitals in the Eastern Command, one at Rangapahar and Panagarh, and the location for the third one is yet to be confirmed. Also, there are two up gradations again in Eastern Command at Misamari and one at Northern Command in Leh. Besides this, there is Long Term Perspective Plan, which include 225 bedded Military Hospital(MH) for Jaisalmer, 50 bedded MH at Chungthang and 49 bedded MH at Borarupak (Near Likabali). There is a proposal for Upgradation of MH Kargil from 44 to 149 beds and 200 Bedded MH for Eastern Ladakh. Upgradation of MH Jaipur to 600 bedded Command Hospital is also in pipeline. The Committee desire the Ministry of Defence to monitor and ensure all the projects mentioned here are progressed in target oriented manner and details of progress are submitted to the Committee in the Action Taken Replies."

12. The Ministry, in its Action Taken Reply, has stated as under:-

"As part of long term plan projection particularly for upgrading Capability Development along Northern Borders and Long Term Prospective Plan, following are being progressed by this Dte Gen:-

(a) **Capability Development along Northern Borders**

Ser No	Type of establishment	No	Remarks
(i)	MH	03	**01 X 200** bedded Military Hospital at Likabali being raised with effect from 01 Mar 2017. **01 X 200** bedded Military Hospital in support of planned to be raised in FY 2018-19. **01 X 75** bedded Military Hospital planned to be raised in Eastern sec in FY 2020-21.
(ii)	Upgradation of MH	02	153 GH at Leh from 200 to 300 beds. 180 MH at Misamari from 148 to 250 beds.

(b) **Long Term prospective plan (LTPP).** DGAFMS has identified the above mentioned voids and have proposed for raising/upgradation. The same has been processed with Directorate General of Officer Logistic (DGOL & SM/OL-1) vide letter No B/73185/DGMS-3C dated 16Nov 2015.

Ser No	Type of est	No	Remarks
(i)	MH	04	01 X 200 beds Military Hospital planned in Eastern Ladakh. 01 X 49 beds Military Hospital planned at Sitapur Military station. 01 x 50 bedded Military Hospital planned at Chungthang. 01 x 49 Beds Military Hospital planned at Borarupak.
(ii)	Upgradation of Military Hospital	02	01 x Military Hospital Jaipur 166 beds planned for upgradation to Comd Hospital Jaipur 600 beds. 01 x Military Hospital Kargil planned to upgrade from 44 to 149 Beds.

Comments of the Committee

13. The Committee take note of the information submitted by the Ministry. In the reply, the Ministry has informed of details pertaining to eleven projects of upgradation/establishment of Military Hospitals. The Committee would like to be apprised about the developments and details of completion of each of these projects. In addition to the above, more areas, where a void exists in provisioning

of medical services in Armed Forces may be identified for upgradation/establishment of military hospitals. Further, information in this regard may be brought to the notice of the Committee.

D. Modernization and Infrastructure Upgradation (Navy)

Recommendations/Observations (Para No 21)

14. The Committee had, in their Thirty-fourth Report recommended as under:-

"In case of Navy, the Committee were assured that periodic review was being carried out regularly of the facilities available in various hospitals and the need for upgradation of some of these hospitals, which is based on operational needs and clientele requirements are carried out, INHS Kalyani, Sanjivani, Nivarini, Patanjali, Dhanvantrari, Navjivan and Karanja are currently under various stages of upgradation. The Committee should be provided details of progress made in each case."

15. The Ministry, in its Action Taken Reply, has stated as under:-

"The details of work on upgradation in respect of Naval hospitals is as under :-

S.No.	Name of work	Present status
1.	Upgradation of INHS Kalyani from 206 bed to 604 bed	Detailed Project Report(DPR) is under preparation by Consultant hired by Chief Engineer (Navy), Visakhapatnam.
2.	Upgradation of INHS Sanjivani from 275 bed to 439 bed	Consultant has been hired by Chief Engineer (Navy), Kochi, who is undertaking preliminary study.
3.	Upgradation of INHS Patanjali from 141 bed to 400 bed	Project accorded Cabinet Committee on Security(CCS) approval. The work is in design stage by the consultant.
4.	Upgradation of INHS Dhanvantari from 107 bed to 394 bed	Case being steered by Head Quarter Integrated Defence Staff (HQIDS) for CCS approval.
5.	Upgradation of INHS Nivarini from 72 bed to 104 bed	Proposal under consideration with MoD, after receiving Approval in Principal (AIP) of Vice Chief of Naval Staff (VCNS).
6.	Upgradation of NHKaranja from 16 bed to 30 bed	Infrastructure work for construction of new hospital building has been included in Annual Major Works Plan (AMWP) 2017-18.
7.	Upgradation of INHS Navjivani from 60 bed to 151 bed	Case being steered by (Indian Naval Academy) INA Project for CCS approval.
8.	Upgradation of Naval Institute of Dental Sciences, Mumbai to the equivalent of a Command Military Dental Centre	Case is under consideration of MoD for accord of Govt Sanction for accretion of manpower, equipment and transport.

Comments of the Committee

16. The Committee would like to be informed in detail about the dates of sanction and originally targeted dates of completion of the eight projects enumerated in the reply of the Ministry. The Committee desire to be kept apprised of the progress of the upgradation projects and wish that the Ministry take necessary steps in order to ensure timely completion so that essential medical services are made available to the defence personnel.

E. Modernization and Infrastructure Upgradation (Air Force)

Recommendations/Observations (Para No 22)

17. The Committee had, in their Thirty-fourth Report recommended as under:-

> "With regard to Air Force, the Committee were apprised that Policy Page revision of Air Force Hospitals(AFH) has been completed with comprehensive review of all the required facilities. 7 AFH Kanpur has been authorized Cardiology Centre, Gastroenterology Centre, Gastrointestinal Centre and Urology Centre. Enhancement of the facilities at Air Force Hospitals is an ongoing process. A proposal for up gradation of 11 and 12 AFH from peripheral hospital to Zonal hospital is under consideration. While taking note of the details, the Committee would like to be informed about the progress in this direction."

18. The Ministry, in its Action Taken Reply, has stated as under:-

> "The proposal of upgradation of 11 AFH & 12 AFH to zonal was considered & approved by Chief of Air Staff (CAS). However, the proposal was deferred in view of the ban on creation of plan and non-plan posts and purchase of vehicles by M/o Finance."

Comments of the Committee

19. The Ministry has in the reply stated that the proposal for upgradation of the earmarked peripheral Air Force Hospitals to zonal level hospitals, though approved by Chief of Air Staff was deferred due to the ban on creation of plan and non-plan posts and purchase of vehicles by M/o Finance. In this connection, the Committee would like to be apprised of the reasons for imposing the ban, particularly for the Defence Services and the time frame of the ban imposed. At the same time, the Committee desire that the Ministry of Defence take appropriate steps towards progressing the two projects and convincing the Ministry of Finance of the importance and significance of the projects in providing healthcare to the personnel. The Committee may be apprised accordingly.

F. Armed Forces Medical College

Recommendations/Observations (Para No 34 & 35)

20. The Committee had, in their Thirty-fourth Report recommended as under:-

> "The Armed Forces Medical College (AFMC) was established on 04 August 1962. During deliberations on the subject, the Committee were informed by the representatives of the Ministry of Defence that around 20 per cent students leave AFMC despite a bond amount of Rs.25,00,000 at graduate level and Rs. 28,00,000 at PG level. The Committee wished to be provided with a report on reasons for drop out which was not readily available with the Ministry of Defence. The Committee desire that a report should be made available to them in this regard. On the concern of attrition, the Committee desire that efforts should be made to enhance the retention rate and it should be reduced from current 20 percent to at least 10 per cent, if not lesser from the upcoming batches as huge resources and time are involved in training of these cadets. One of the methods can be to ncrease the bond amount from Rupees Twenty-five lakh to one crore for MBBS and from Rupees twenty-eight lakh to two crore for Post Graduate students. Besides this, other motivational methods may also be fruitfully utilized. In this context, the representatives of Armed Forces Medical Services made an argument that if the deterrence is made so high, then they do fear that students will not come and they may lose the merit. The Committee observe in this regard, that India is hugely populated and there is no dearth of talent. Motivational service conditions publicized through various mediums of publicity may be used to approach the talented youth."

21. The Ministry, in its Action Taken Reply, has stated as under:-

> "The reasons given by the students for opting out of service liability are as under:-
> (a) Desire to pursue PG immediately after passing MBBS.
> (b) Family commitments e.g. Family Migrating Abroad.
> (c) Parents have set up a practice for them.
> (d) Did not get a service of choice. (Navy/Air Force)

(e) Did not get Permanent Commission(PC).
(f) Stagnation in AFMS.

The college has taken the following steps to reduce the rate of opting out of service liability:-

(a) The medical cadets are sent on visits to service units/formations for motivating them to join the Armed Forces.
(b) Faculty members are nominated as "Faculty Mentor" to motivate the students.
(c) The ambience of AFMC campus has been improved with installation of military equipment/ aircrafts.
(d) At the time of admission, the Brig Adm (UG), Dy DGAFMS (P & T) and Senior Faculty members motivate the prospective candidate."

Comments of the Committee

22. The Committee are appreciative of the various steps being taken to arrest attrition from AFMC. One of the reasons for attrition as stated by the Ministry of Defence, is owing to not securing the service of choice. The Committee feel that AFMC needs to consider giving the option of choosing the service to the students. Any inhibition with regard thereto may be brought to the notice of the Committee. Also, the reply of the Ministry of Defence is silent on increasing the 'bond' amount for the MBBS students. The Committee wish to be intimated about the views of the Ministry regarding increasing the 'bond' amount.

G. Armed Forces Medical College

Recommendations/Observations (Para No 37)

23. The Committee had, in their Thirty-fourth Report recommended as under:-

"During the aforementioned study visit, the Committee also came to know that there is an urgent need to get Pharmacy Council of India (PCI) affiliation to department of Pharmacy which has been in existence since 2000. In this connection, affiliation from All India Council of Technical Education and Pharmacy Council of India are awaited. In this connection, the Ministry of Defence must speed up the necessary approvals and the Committee be informed about the action taken in this regard."

24. The Ministry, in its Action Taken Reply, has stated as under

"AFMC had approached Pharmacy Council of India (PCI) in 2015 for approval to start the Diploma in Pharmacy course. Conditional approval for academic year 2016-17 was accorded by PCI subject to appointment of teaching faculty. The course has not yet been started for want of faculty. Government of

India has sanctioned the faculty and the proposal of framing of recruitment rules for the posts of Professor, Reader and Lecturers of Pharmacy is under consideration. AFMC has approached All India Council for Technical Education (AICTE) in 2017 for grant of approval to start the Department of Pharmacy for conducting Diploma in Pharmacy course. The approval was denied for want of original land and building documents. The facts that these original documents are held with Government offices, that is, original land documents are held with Defence Estate Office and original building documents are held with Garrison Engineer, have been brought to the notice of Chairman, AICTE at New Delhi and outcome is awaited."

Comments of the Committee

25. The Committee would like to know for how long the original land and building documents are held with Defence Estates Office and M/s Garrison Engineer respectively. The Committee also desire that the Ministry of Defence may look into the matter and they be informed of the outcome. Simultaneously, action be initiated for framing of recruitment rules for the posts of Professor, Reader and Lecturers of Pharmacy. The progress made in this direction may be informed to the Committee.

H. <u>Artificial Limb Centre</u>

Recommendations/Observations (Para No 42)

26. The Committee had, in their Thirty-fourth Report recommended as under:-

"With regard to the Research and Development in ALC, the Committee were informed that there is no R&D set up in ALC. However, certain Armed Forces Medical Research projects have been undertaken by the officers posted to ALC from time to time. Also, ALC is in the process of collaborating with IIT Guwahati and BARC in development of economical, state of the art passing prosthetic knee joint and micro processor controlled hand joint and feet. A very high level and sophisticated R&D is required to improve upon the existing carbon fibre foot and joints which is not possible in ALC. It was further informed that no separate budget is allocated to ALC for R&D. However, when it is undertaken, research projects are forwarded to O/o DGAFMS, for approval and work is carried out accordingly. The Committee observe that the officers posted at ALC have undertaken certain projects despite infrastructure deficit for the purpose. While appreciating this, the Committee want that a dedicated R&D centre must be opened up at ALC with direct funding. This will help in direct need oriented research and will also curb time lags in receiving various approvals and coordination. The research centre should be well equipped and necessary manpower recruited. Further, the Committee strongly view that the institution must be declared as a Centre of Excellence."

27. The Ministry, in its Action Taken Reply, has stated as under:-

"Prime role of ALC, Pune is provision of comprehensive rehabilitation to amputees and the locomotor disabled. The centre is presently not equipped to carry out the R&D in the field of prosthetics and orthotics it being a technologically sophisticated field. However, ALC has had meaningful discussions for collaboration with other organizations such as:-

(a) IIT Guwahati for development of Prosthetic Knee (awaiting delivery of the final product to be used for trials).
(b) BARC Mumbai for development of advance robotic prosthesis limb (Draft MOU is being processed).
(c) C-DAC for development of myoelectric prosthetic arms.

In the long term, ALC and Indian Armed Forces will benefit from a dedicated R&D unit working in the field of Rehabilitative Engineering, Biomedical Engineering, advance Prosthetics & Orthotics as suggested."

Comments of the Committee

28. The Committee note that at present ALC Pune is not equipped to carry out Research and Development in the field of prosthetics and orthotics because of this being a technologically sophisticated field. For carrying out R&D, ALC had meaningful discussions for collaboration with IIT Guwahati, BARC Mumbai and C-DAC. However, in the Action Taken Reply, the Ministry has submitted that in the long run, ALC and Indian Armed Forces will benefit from prosthetics and orthotics. In view of this, the Committee wish to reiterate their earlier recommendation for setting up of a dedicated R&D centre. Requisite infrastructure and budget must be provided for the purpose. The Committee may be informed accordingly.

I. <u>Medicines and Medical stores</u>

Recommendations/Observations (Para No 45)

29. The Committee had, in their Thirty-fourth Report recommended as under:-

"Medical stores are organised in AFMS to meet the objective of efficient and effective medical store supply chain management. Presently, four Armed Forces Medical Store Deports (AFMSDs) are functioning under this Directorate General i.e. AFMSD Lucknow, AFMSD Mumbai, AFMSD Delhi Cantt and AFMSD Pune. These depots are responsible for supply of Medical, Dental and Veterinary stores and equipment to all the dependant units within the area of responsibilities besides provisioning of medical/dental stores to all the ECHS Polyclinics under the area of responsibility. These depots are also responsible for periodic checks, conditioning and preservation of stocked stores as well as for holding of additional medical and dental stores for any emergency in case of

natural or man-made disaster. The Committee found that the above stores are presently housed mostly in old buildings which are not optimally equipped with modern storage and warehousing infrastructure. Therefore, renovation and modernization of buildings and equipments is immediate need of the hour. Every measure should be taken towards achievement of this end in a systematic and time bound manner. The Committee be apprised about the same. "

30. The Ministry, in its Action Taken Reply, has stated as under:-

"**AFMSD Lucknow**

It is submitted that this depot has already initiated KLP project worth Rs 4720.47 Lakhs and the case file of the above project has been forward to E-in-C vide QMG branch letter No R/52/904/Wks(P&W) dated 14 Aug 2017.

AFMSD Mumbai

AFMSD Mumbai is responsible for provisioning of medical, dental and veterinary stores and equipment for 547 units/establishments of Army, Navy, Air Force, Coast Guard, DRDO, Ordnance Factories and 132 Polyclinics of ECHS located across 10 states in Western, Central and Southern India. AFMSD Mumbai is located at Kandivali (East) and has a land holding of 43.95 acres. The Depot was raised in 1942 at Sewri and moved to its present location in 1976.

The stores are accommodated in 14 old buildings with over 17000 SM plinth area of Food Corporation of India godowns of 1960 vintyage and are in poor state and need exhaustive repairs and maintenance in order to optimize utilization of scarce resources and effectively manage the supply chain to ensure delivery of high quality of health care to troops and their families.

The following initiatives have been taken up to improve and modernize the ware house infrastructure of the depot. These are enumerated in the succeeding paragraphs.

(i) Special repairs to AC to AC Plant & Cold Storage Room :- A number of drugs and vaccines are required to be stored at low temperatures. The depot has facility to store these at a cold storage (Temp 2^{o}C – 8^{o}C) and a Cool Room (Temp 15^{o}C-25^{o}C). The Special Repair Works for this facility has been sanctioned vide HQ UM & G Sub Area letter No 1612/SPR/BLDG/GE (N)/AA 16-17/Q3P dated 01 Nov 16. The repair is likely to cost Rs. 56.42 lakhs and has a PDC of 102 Weeks. Tender action is in progress.

(ii) Special Repairs to Floor, Verandah & Plinth Protection for Group-III, Group–II &Receipt:- Proposal of special repairs of Floor, Verandah & Plinth Protection for Group-II & Receipt Sec building costing Rs. 145 lakhs have been submitted to HQ UM & G Sub Area and are awaiting Admin Approval.

(iii) Provision of False Ceiling in Group-I :- The proposal has been submitted to GE (North) for costing.

(iv) Provision of Fork Lift Trucks**:-**Four fork lift trucks have been introduced in the revised PE of this depot and are awaiting release.

(v)Provision of New Software for Supply Chain Management:- The Medical Stores Management System (MSMS) is being replaced by i-Aushadhi, a new software capable of not only inventory control but also enable dependent units to submit their indents on line. The servers for the same have been procured at a cost of Rs. 1,69,638/- and LAN is being laid. User Id and log in passwords for dependent units are being generated and migration is likely to be completed shortly.

4.Relocation of AFMSD**:-** A proposal to relocate the Depot to aggregate resources of Central Ordinance Depot(COD) is under consideration of HQ

Southern Command. If approved; AFMSD will be relocated from Kandivali to Malad. The storage accommodation at the proposed location is similar to the one currently occupied by the depot, but is being used to keep ordnance stores. These stores will require works to make them suitable for housing medical stores including provisioning of Cold Storage and Cool Room prior to shifting. A proposal for complete revamp of the AFMSD in modern pre fabricated structure with multistoried racks is being worked on Commandant, Dy Commandant & Adm Officer of this depot visited a Modern Medical Ware house at Bhiwandi on 05 Aug 17 to study the functioning and architecture.

AFMSD Pune

Two works have been projected by this depot for building up of modern storage and warehousing infrastructure.

AFMSD Delhi Cantt

AMWP – Projection of Annual Major Works Programme (AMWP) for AFMSD Del- Proposal for Essential Storage Accommodation for Med Stores amounting to INR 4996.35 Lakh projected under AMWP for AFMSD Del. The Board proceedings duly completed were submitted to HQ Del Areas however the work was not listed in the approved List of works as approved by HQ (WC)."

Comments of the Committee

31. The Ministry has stated that the medical stores/depots are in poor state and need exhaustive repairs and maintenance in order to optimize utilization of scarce resources. The supply chain needs to be effectively managed to ensure delivery of high quality of health care to troops and their families. The Committee wish that timely action should have been taken to avoid such a pathetic condition of the medical stores/depots. In case of AFMSD Delhi Cantt, the work, as submitted to HQ Del Areas was not listed in the approved List of Works by HQ (WC). The Committee would like to be informed about the reason/s given for the same. While taking note of the various details regarding various projects of modernization/uphaul of AFMS stores/warehouses/buildings as furnished by the Ministry of Defence, the Committee desire that these be expedited and completed within stipulated timeframe under intimation to the Committee.

J. Collaboration with International Research Organisations

Recommendations/Observations (Para No 54)

32. The Committee had, in their Thirty-fourth Report recommended as under:-

"The Armed Forces Medical Services conduct medical research in all fields of medicine with an emphasis on military medicine and combat medical support. The Armed Forces Medical Research Committee (AFMRC) headed by the DGAFMS is a Committee of the DRDO which oversees all medical research taking place in the AFMS. Approximately 125 projects are funded annually. In addition to this, AFMS actively collaborates with the Indian Council of Medical Research (ICMR), Department of Biotechnology (DBT), Laboratories of Life Sciences Division of Defence Research Development Organisation (DRDO) {Defence Institute of Physiology & Allied Sciences (DIPAS), Institute of Nuclear Medicine & Allied Sciences (INMAS), Defence Institute of Psychological Research (DIPR), Defence Bio-Engineering & Electro Medical Laboratory (DEBEL), Defence Research & Development Establishment (DRDE)}, and the Ministry of Health in the field of medical research. The Committee opine that the AFMS should explore ways and means to enhance international collaboration for medical research and technology."

33. The Ministry, in its Action Taken Reply, has stated as under:-

"AFMC, Pune is participating in a Centre for Disease Control & Prevention (CDC)-USA funded project being conducted by AIIMS, New Delhi titled "Capacity Building and Strengthening of Hospital Acquired Infection Control to Detect and Prevent Antimicrobial Resistance in India".

Comments of the Committee

34. The Committee are happy to note that AFMC, Pune is participating in a research programme conducted by AIIMS named "Capacity Building and Strengthening of Hospital Acquired Infection Control to Detect and Prevent Antimicrobial Resistance in India The Committee desire that more such collaborations and participative research projects be taken up by AFMS for various institutions functioning under its echelon so that quality of medical services are improved. The Ministry of Defence need to take steps towards boosting such projects within the country as well as in collaboration with international institutions of medical excellence.

CHAPTER II

(A) OBSERVATIONS/RECOMMENDATIONS, WHICH HAVE BEEN ACCEPTED BY THE GOVERNMENT

Recommendation (Para No 1)

The Committee, while deliberating on the subject, observed that at the time of independence, AFMS was established to provide comprehensive health care to only the serving Armed Forces personnel and their families (spouse and children). Over the years, its role and responsibilities have expanded considerably with its services being extended to parents of service personnel (in 1965) and its clientele is ever increasing. In 1962, the Service catered to a clientele dependency of 20 lakhs. The total number of beds allotted to AFMS hospital in 1965 were 24,996. During the corresponding period 3,353 Medical Officers were held on the strength of AFMS. This comes to around 596 persons per doctor. As on 01 October 2016, the authorization of Medical Officers was 7,000, whereas the dependency approximately 2.5 crores for inpatient/outpatient care. This gives an average ratio of 01 doctor per 3572 dependent clientele. The data reveals that there is a tremendous decrease in proportionate doctor to patient ratio in AFMS when compared from 1962 to the present situation (Six fold decrease). The Committee feel aghast at the situation and wish that timely and necessary measures should have been taken by ensuring commensurate increase in Medical Officers in Armed Forces Medical Services to meet with the increased data of clientele. The issue of manpower and infrastructure deficit is discussed in detail in the succeeding paragraphs of the Reports

Reply of the Government

In order to improve the doctor patient ratio,in Sep 2006, Air Marshal JK Gupta DGHS(AF) had worked out a comprehensive requirement of 28306 additional medical personnel for manning of AFMS hospitals,against which, the Govt of India, agreed to recruitment of10590 in three phases of 3530 each and currently recruitment of the third phase is on. Concurrently, the Government has sanctioned TDLR (Training Drafting and Leave Reserve) of 525 Medical Officers (MOs) and 32 Dental Officers (Dos), who are currently being recruited.

Recommendation (Para No 2 &3)

Manpower in medical services is a critical component having a direct bearing on patient care. Over the years the mandate of AFMS has been extended to include medical coverage for families and dependents of service personnel, paramilitary organisations and, from 2003 onwards, ex-servicemen and their dependents. There have been periodic revisions of manpower in AFMS based on studies carried out by various committees, such as Lt Gen Foley Committee, Lt Gen Chandrashekhar Committee and Bhardhwaj Committee on the requirement of specialists and super specialists for AFMS. The report of the Parliamentary Standing Committee on Ministry of Defence, tabled in the Lok Sabha in August 2006 recommended, inter alia, appointment of a high level committee to comprehensively review and re-assess the overall increase in work and responsibilities of AFMS and to suitably recommend ideal strength for each cadre. The high level committee of DGAFMS, in its report of September 2006, after

reckoning the limitations of the existing norms of manpower to adequately handle the workload and the requirement of specialities at peripheral and mid-zonal hospitals and super specialities at different levels of hospitals, recommended an increase of 28,306 officers and personnel to be recruited in a phased manner. While approving in principle, an increase of 10,590 (3,348 Officers, 7,042 PBORs and 200 Civilians) the Ministry, in May 2009, authorised an increase of 3530 personnel in AFMS in the first phase.

3. Against this backdrop, the Committee observe that in Armed Medical Corps (AMC), as on 01 November 2016, the held strength is 6254 against a sanctioned strength of 6865. The shortage is to the extent of 611 personnel. The highest shortage is in case of Army, where the held strength is only 4845 against an authorization of 5399. In case of Navy, the held strength is 699 against the authorized strength of 694. With the Air Force, the held strength is 740 against the authorized strength of 772. On the basis of calculation of ideal doctor-patient ratio and the steps being taken to improve the doctor-patient ratio, the Committee were apprised that 'Calculation of ideal doctor patient ratio' is based on a large number of factors. This ratio is different in different settings. However, an average of 1:4 is applied in All India Institute of Medical Sciences (AIIMS) and most corporate hospitals like Sir Gangaram Hospital in New Delhi. In AFMS, the present doctor-patient ratio is one doctor per 10-12 individuals against an ideal ratio of 1:4.

Reply of the Government

The 'doctor-patient ratio'of1:4in AIIMS and most other corporate hospitals like Sir Ganga Ram Hospital, as mentioned in the recommendations above,may please be corrected as 'doctors-bed ratio'. The 'doctors-bed ratio'in AFMS is one doctor per 10-12 beds against the ideal ratio of 1:4.

Authorisation of Medical Officers (MOs) as on 01 Aug 2017 is as under:-

Service	MO		DOs		MNS		NT Offrs	
	Auth	Held	Auth	Held	Auth	Held	Auth	Held
Army	5542	4953	641	597	4389	3720	373	354
Navy	714	680	44	29	412	361	0	0
AF	883	804	40	31	516	407	0	0
Total	7139	6437	725	657	5317	4488	373	354

Current authorisation of manpower includes 1224 MOs, 75 DOs, 2049 MNS and 7042 JCOs/OR and 200 civilians, authorised in 03 phases of augmentation of manpower and 557 officers as a part of TDLR (525 MOs+32 DOs). The current deficiency is due to the augmentation of manpower this year alongwith TDLR. It will stabilise once recruitment has been done against this augmentation.

Recommendation (Para No 4)

In case of Army Dental Corps (ADC), the authorized strength is 700 and the held strength is 633. The difference between the authorized and held strength is 67. In Command Military Dental Centres, the authorised strengths is 71 while the held strength is 64. In Field Units, the authorisation is 262 dentists whereas actual posting is 252.

Reply of the Government

Dental Services in Armed forces are designed to provide echelon based care & accordingly the authorization & component of officers held at various establishment is varied. The details are as under:

(a) In addition to the Command Military Dental Centres & Field Units (Field Hospitals), Army Dental Corps is authorized dental units, which cater for dental treatment needs of clientele, in all three Services as under: -

(i) Armed Forces Dental Clinic, New Delhi
(ii) Army Dental Centre (Research & Referral), Delhi Cantt
(iii) Corps Dental Units
(iv) Type 'A' Military Dental Centres
(v) Type 'B' Military Dental Centres
(vi) Type 'C' Military Dental Centres
(vii) Dental Centres in Navy
(viii) Dental Centres in Air Force

(b) There is a certain deficiency in the above establishments as well. Further, 32 x Dental Officers were authorized to Army Dental Corps as Training Drafting Leave Reserve (TDLR) component on 01 Jan 2017. This manpower is floating in nature & not authorized to any particular establishment. This is meant to meet the functional deficiency of the Organization in terms of Courses, Study Leave, Foreign Assignment Commitments etc.

(c) The existing deficiency of Army Dental Corps and 32 x TDLR component have been merged to commission Dental Surgeons from civil to meet this deficiency. Selection Board has already been held from 31 Jul,2017 to 12 Aug 2017, for filling up deficiency of 56 vacancies.

Recommendation (Para No 6)

The authorised and held strength of Paramedical Staff of Armed Forces Medical Services at Command Hospitals and Field Medical Units for Air Force services is 3191 against a sanction of 3779. Therefore, the Committee strongly recommended that the Ministry of Defence should make all out efforts to recruit adequate number of paramedical staff and nurses to meet the growing number of patients. In any case, AFMS should not remain far behind in comparison to AIIMS and private hospitals such as Sir Ganga Ram Hospital. The Committee may be apprised of the steps taken in this regard.

Reply of the Government

DGAFMSParamedical staff of Armed Forces consists of largely combatants and some non combatants who are deployed in hospitals and combat medical zones in rotation. The suggested staffing norms for para medic by Army Standing Establishment Committee (**ASEC)** is 1.25 per bed while the existing is 0.8 per bed. The details of paramedical staff in different directorate are as under:
DGMS(Army)Presently, there is no major deficiency of Para Medical Personnel in Army Medical Corps. It is also mentioned that no adverse effect with regard to patient care

has been noticed due to deficiency of Paramedical Staff at hospital of Army Medical Corps. Comprehensive medical care to ensure highest level of clientele satisfaction is being provided in all the hospitals of Army Medical Corps.
DGMS (Air) The total authorised strength of Medical Assistants was 4135 and of Medical Assistants (Dental) was 122. Hence, the total authorised strength of Medical Assistants is 4257 (including Dental) and 3779 is the authorised strength of Medical Assistants only for other units excluding Command Hospital.

2. As per Air Force Record Office(AFRO) letter No RO/S 2032/Stats(143) dated 18 Nov 16, the authorised strength of Para medical staff of Armed Forces Medical Services for Air Force at Command Hospitals and Field Medical Units is 4102 against the sanctioned strength of 4257.

3. A planned recruitment process is followed by Centre Airmen Selection Board (CASB) to fulfil the deficiency of Para Medical Staff (Medical Assistants) arising due to discharge / release. The data of recruitment of Medical Assistants Tradesman of last five years is as follows:-

Year	2013	2014	2015	2016	2017	Total
Strength	135	182	240	244	129	930

DGMS (Navy)

(a) Progressive increase in intake of paramedical sailors in Navy to cater for upgradation of Naval Hospitals and setting up of additional hospitals.

(b) Enhancement of infrastructure at training establishments to accommodate and train larger numbers of trainees.

(c) Special Recruitment drives and rallies in various parts of the country with suitable publicity campaigns by Directorate of Manpower recruitment (DMPR) to address the shortages.

(d) Increase in number of medical assistants being offered diploma/ Bachelor in Paramedical Technology (BPMT) Courses.

(f) Reduction in number of paramedical sailors leaving service on completion of initial engagement period by instituting measures for improving promotion prospects.

Recommendation (Para No 9 & 10)

9. Further, with regard to the specialities in AFMC, the Committee were further given to understand that super specialist care not only needs trained manpower but also adequate equipment and support infrastructure. The AFMSRationalizes the provisioning of such services so that all available resources are optimally utilized. On extension of super specialist facilities like Cardiology and Neurology in all zonal hospitals and induction of adequate number of Specialists in peripheral hospitals in order to provide proper medical care to the soldiers and officers in their vicinity, the Ministry of Defence has admitted that super specialist facilities need adequate basic speciality support. The distribution of super specialists at Armed Forces hospitals is a function of both requirement as well as availability of support staff and infrastructure.

10. At present, Cardiology and Neurology super specialist facility is available at Base Hospital (BH), Delhi Cantt and Military Hospital (MH), Jalandhar. Adequate numbers of Specialists are posted to various peripheral hospitals to provide quality medical care to troops and families in remote and far flung areas. All peripheral Indian Air Force hospitals situated across the country have been posted with specialists of only basic specialties. Zonal hospitals of the Air Force(AF) like 7 AF Hospital and 5 AF Hospital have been provided super specialist services like Cardiology, Gastro-intestinal surgery and Oncology. In the Navy, INHS Sanjivani, a 439 bedded Zonal hospital, is being upgraded to include all major super specialities**.**

Reply of the Government

No comments as the recommendation is statement of fact as furnished earlier by Ministry to the Standing Committee.

Recommendation (Para No 13)

During the course of deliberations, the Committee wished to be apprised about the Ministry's plan of action towards mitigation of the above noted deficiencies. In this connection the Ministry furnished that the held strength is a dynamic figure. The apparent shortage is due to factors like officer's Release/Superannuation, resignation, promotions and move to annotated appointments. Further, the Ministry of Defence added that current authorization of Medical officers is 6605 and the physical deficiency is 570. This number is labile to change as officers superannuate, retire prematurely and are commissioned on a regular basis. Along with this deficiency, there exists a functional deficiency due to doctors being unavailable to the organization while undergoing in-service training courses like MD/MS, Diploma of National Board (DNB) and Super specialization as well as mandatory military courses. This results in a deficiency of about 1700 per year in a staggered fashion. Hence, total deficiency works out to 1270 or 19.2%. The physical deficiency mitigation is a constant process as medical officers are commissioned every year to fill physical vacancies. The Committee were keen to know whether there is necessity for improving the staffing pattern, particularly in specialist and Super-specialist cadres. To this pointed query, the Ministry of Defence affirmed that there is a need for improving the staffing pattern. The proposal for improving staffing pattern has been submitted to Ministry of Health and Family Welfare (MoH & FW) for vetting in Jan 2016. The proposed pattern has been approved by a board of officers including Senior Consultant, Medicine and Senior Consultant, Surgery. The template used by the board was IPHS norms (Indian Public Health Services). The Committee observe that there has been a lapse of one and half years since submission of the proposal for improving the staffing pattern. Every action should be taken to get the approval at the earliest and the Committee apprised about the same in the Action Taken Replies. Further on the matter of mitigation of shortfall in medical personnel, the Committee learnt that over the years, augmentation of technical medical manpower to the tune of 10,590 medical personnel including 1224 doctors has been authorized. The recruitment against the same will be over by 2018. The functional deficiency of officers will be met by the advent of Training, Drafting, Leave Reserve (TDLR) to the tune of 1229 Medical Officers, 77 Dental Officers and 169 members of MNS. In addition to this, the proposal of Training, Draft, Leave, Reserve (TDLR) for 557 medical and dental personnel (525+32) for making up deficiency of doctors/dentists proceeding on long courses like PG/Super specialization as well as lady doctors/dentists moving on maternity leave has also been approved. The Committee view the shortage

of manpower seriously and strongly feel that the steps taken so far are inadequate and the process of recruitment is tardy. Therefore, the Committee recommend that the current recruitment should be completed in a time bound manner to mitigate the shortages and to ensure adequate and timely service to its clientele.

Reply of the Government

The following steps have been taken to mitigate the shortage:

1. Augmentation of Manpower: The Govt sanction for the recruitment of 10590 manpower in three phases were accorded. Currently recruitment of third phase of augmentation of manpower is being carried out. These doctors, nurses, dentists and paramedical staff are being placed in peripheral medical units to enhance medical capability of those establishments.

2. TDLR (Training Drafting and Leave Reserve): The Govt sanction/approval was accorded to increase the number of doctors by 1229 and number of Dentists by 77 over the period of 10 years from 2014. First phase of TDLR including 525 Doctors and 32 Dental Officers has already been sanctioned. These doctors and Dentist will be deployed in place of those who are doing long course like post graduation or on long leave like maternity leave

3. Decentralisation of recruitment of medical officers has been carried out. Doctors are now being interviewed in four parts of the country every year to increase the catchment area. Last year 637 doctors have been recruited from civil.

Recommendation (Para No 14)

In the light of the observation made in the preceding paras, highlighting in detail, the existing deficiencies pertaining to medical personnel, along with acute shortage of doctor-patient ratio as well as nurse-patient ratio, and ever increasing clientele, the Committee are of the view that the situation merits immediate attention. Firstly, concrete steps should be taken towards filling up of the presently sanctioned strength under intimation to the Committee. In addition to this, the Committee are of the view that a 'cadre review' needs to be done in AFMS and there is an urgency for sanctioning of more posts under AFMS. The requirement being huge, the sanctioned strength size needs to be doubled in the upcoming years. The procedure must be initiated at the earliest and the Committee be informed accordingly.

Reply of the Government

Cadre restructure of AFMS is being carried out in piece meal manner. Currently, cadre restructure of MNS and AMC (NT) officers is underway. Cadre restructure of Medical Officers (MOs) & Dental Officers (DOs) will be carried out in due course of time.

Recommendation (Para No 15 & 16)

The AFMS Specialist Services currently work on the paradigm of specialist pool. Depending on requirement of specialists, based on bed strength of hospitals and Strength of garrison, specialists are posted to various hospitals. This optimizes use of specialists. Those patients requiring services of other specialists are currently being referred/evacuated to the hospitals holding the specialists concerned. The specialist facilities are being provided taking into account the number of beds in the hospitals. Medicine, surgery and Gynaecology are categorized as basic specialist facilities while ENT, Orthopaedics, Skin are available only in zonal hospitals. Medicine, Surgery and Gynaecology can handle life threatening emergencies related to all other specialties and super specialties owing to which they are considered as basic specialties.

16. The new staffing pattern proposed by AFMS has suggested the inclusion of specialists of ENT, Orthopaedics and Skin in all hospitals of bed strength having more than 100 beds. The specialist facilities of Cardiology and Neurology are available only in Command Hospitals. The Committee desire that the specialist facilities like cardiology, neurology and orthopaedics should be extended even in zonal hospitals so that the immense burden on Command Hospitals is eased and also larger catchment areas are covered.

Reply of the Government

Changes with regard to staffing patterns of specialist and super specialist will be done prospectively in new hospitals and upgradations of existing hospitals once staffing norms for AFMS hospitals are approved.

Recommendation (Para No 17)

Further, the Committee enquired whether any study has been conducted to identify the number of deaths that may have occurred in Armed Forces due to non-availability of timely expert treatment. To this query, the Ministry replied that no such study has been conducted till date. AFMS ethos dictates that if a patient is unable to reach a doctor, the doctor reached out to him/her whether by land or air or sea. The Senor Medical Officer (SMO) in the station ensures that timely medical care is given. Due to natural reasons like extremely rapid deterioration of a patient or weather related inability or casualty evacuation, some deaths do occur. However, these are very few and the cause is pin pointed in every case. Hence, a separate study to identify the number of deaths occurring due to lack of timely expert treatment has not been considered necessary by the Services. While appreciating the ethos of AFMS, the Committee strongly urge that a record should be maintained in this regard.

Reply of the Government

The details of number of deaths occurring due to lack of timely expert treatment in respect of various DGsMS are as under:

DGMS(Army) Record of deaths occurring due to Enemy Action/Terrorist action after reaching the hospital is maintained at the respective hospitals.

DGMS(Air) In IAF medical services, no such record is maintained.However, there is a system of reporting of all deaths of serving personnel through proper channel with necessary information like date with time, nature, mode of death and availability of definitive treatment along with history of pre-existing illness. The information is transmitted from units where death has occurred to Command Head Quarter(HQ) and to DGMS(Air).

DGMS(Navy)Indian Navy has a robust system of chain of evacuation of patients from the place of duty to hospitals with specialists/ super-specialists. In case of stations where such facilities are not available, MoU has been concluded with private hospitals for specialists/super-specialists care. The records pertaining to deaths of all Naval personnel are maintained at IHQ MoD (Navy).

Recommendation (Para No 18)

The Committee desired to be provided detailed information about such soldiers who died during treatment after reaching hospitals including the name of the hospital, kind and level of injury and whether their treatment faced lack of any equipment, medicine, or specialist doctors. It was found that during one period from Jan 16 to Jan 17, 04 soldiers who sustained injuries during terrorist activities in J & K died during treatment after reaching the hospital. 01 soldier expired at 92 Base Hospital and 03 soldiers expired at Army Hospital (R &R). Their treatment did not face lack of any equipment, medicine and specialist doctors. While going through the data, the Committee found that two Naiks, one Hawaldar and one Sepoy ranked personnel died on reaching hospitals due to bullet injuries after encounters. On this note, the Committee would like to observe that in case of a soldier being injured in encounters, depending upon the gravity of injuries, proper treatment which include air lifting, specialists etc. should be provided without considering the ranks of the personnel. Also, there should be a policy in place to ensure availability of specialists/super-specialists at all times in critical areas along with highest level of judicious monitoring.

Reply of the Government

DGMS(Army) All serving personnel are treated based on gravity of injury/illness irrespective of the rank. Facilities for evacuation of patients by air/road are being provided to all those patients who required evacuation to higher medical centres. The required specialist/super specialist facilities are available in critical areas as well as in times of requirement, specialist/super specialist are moved to forward areas/peripheral hospitals.

DGMS(Air)The system for early evacuation of causalities from the field to the nearest medical centre and from a peripheral hospital already exists in IAF. Immediate air support for casualty air evacuation is provided as and when required. The guidelines for the same are laid down in the Air Force order on the subject. All efforts are made by all concerned agencies including medical and operations to facilitate the early casualty evacuation as a life and limb saving measure.

DGMS (Navy)Specialists and super-specialists are made available in all Naval Hospitals as per the authorization. In case of stations, where such facilities are not available, MoU has been concluded with private hospitals for specialists/ super-specialists care. Telemedicine project in Indian Navy is in the final stage of implementation. Once implemented, the Medical Officers onboard ships and in peripheral establishments can obtain the opinion of Specialists/Super-specialists posted at Naval Hospitals.

Recommendation (Para No 19)

The Committee observe that modernization of equipment at Armed Forces Hospitals is affected through Annual Acquisition Plans (AAPs). Proposals for new equipment are sent by hospitals through staff channels.The proposals are vetted by Expert Committees and Senior Consultants. Cases are processed through MoD. Approximately Rs 100 Cr is spent on equipment modernization annually.

Reply of the Government

Delegation of financial power to Defence Services (DFPDS) is revised from time to time and was last revised in 2016. As per DFPDS 2016, DGAFMS is authorised to procure equipment up to following financial limits:

Revenue Head

(a) Scaled Price Vocabulary Medical Store (PVMS): Up to 20 Crore

(b) Non in Vocabulary(NIV): Upto 10 Crore

Capital Head : 25 Crore

Recommendation (Para No 23)

The Committee came to know that there are presently 98 Field Hospitals existing in the Indian Army. These are medical units that provide sector wise medical cover to the respective army formations both during war and peace. To accomplish this role, the Field Hospitals have the capability of establishing various detachments viz. Medical Aid Posts (MAP), Advance Dressing Station (ADS) and forward Surgical Centre (FSC). These units have the capability to hold and treat casualties and also to evacuate them rearwards to different medical establishments, if required, Secondary and tertiary level healthcare facilities are provided through the network of Border Static Military/General hospitals and Base Hospitals located in field areas. Further, to facilitate provisioning of mobile medical treatment facilities in far away forward areas, the procurement proposals for Mobile Disaster Relief Equipment (MDRE) are also being progressed. To build up the capability of Army Medical Corps to provide improved medical support in combat zone and forward areas, procurement of 05 sets of 10 bedded MDRE as a Capital acquisition has been included in the 12th Army Plan. These can be transported by road/rail/air/sea. The Request for proposal (REP) is being progressed by Indian Navy, being the lead service. Proposal for procurement of 50 bedded containerised and soft shelter based, rapidly deployable medical facilities through Capital Route has been included in the Recast 12th Army Plan. Formulation of Qualitative Requirements for the same is in progress. The Committee wish that the above mentioned proposals are progressed at a better pace and be informed about the progress made in each case.

Reply of the Government

1. **<u>Mobile Medical Treatment Facilites</u>**.

(a) A case for procurement of Mobile Disaster Relief Equipment (MDRE) for Indian Navy and Indian Air Force was fielded during the Service Capital Acquisition Procurement Categorisition Committee (SCAPCC) meeting held on 16 Jun 2014. SCAPCC recommended that requirement for similar equipment by

Indian Army be examined and included in the total quantity in revised Statement of Case to build up the capability of Indian Army. To provide efficiency combat medical support, it has been proposed to procure 05 sets of 10 bedded MDRE as a Capital acquisition through the 12thDefence Plan.The Non Service Qualitative Requirement developed for the purpose were acceptable to Indian Army. Proposal was endorsed by Directorate General of Prospective Planning in Jul 2014 and endorsed by Directorate General of Military Operation in Sep 2014 and approval accorded for inclusion of the scheme in the 12th Plan by Vice Chief of Army Staff (VCOAS).

(b) **Present Status.**

(i) Inclusion of scheme in Annual Acquisiton Plan (AAP) 2014-16 was approved by Defence Procurement Board (DPB) and in Recast 12th Army Plan by Defence Acquisition Council (DAC). The followingproposal for scaling of 5 x MDRE for Indian Army (01 MDRE set per unit) has been approved: -

Ser No	Formation / Command	Medical Unit	Total
(aa)	Northern Command	4016 Field Hospital	01
(ab)	Eastern Command	4004 Field Hospital & 4033 Field Hospital	02
(ac)	Western Command	422 Field Hospital	01
(ad)	Central Command	306 Field Hospital	01
(ae)	**Total**		05

Recommendation (Para No 25)

The Committee also found that there is only one ship with Navy which is being upgraded with all super specialities. The Committee desire that efforts should be made by AFMS towards development of one more Naval ship with all super specialities so that Indian Navy can have at least one fully equipped ship each on both Eastern and Western shores.

Reply of the Government

It is clarified at the outset that there is no dedicated Hospital Ship in the Indian Navy and that there is no ship with Indian Navy which is equipped with all super specialties.

2. In case of any requirement, a Survey Vessel (Large) is converted to a Hospital Ship in its secondary role to look after the requirements.

3. In addition, a National Hospital Ship is being envisaged wherein a dedicated Hospital Ship operated by the Indian Navy and funded by various Ministries of the Govt of India would operate not only along our coastline, but also in the Indian Ocean Region

(IOR). Such a vessel would meet the requirement of the nation both in war and during natural disasters (HADR).

4. However, a 250-bedded National Hospital Ship operated by the Navy, with all tertiary care facilities is being envisaged in collaboration with various Ministries of the Govt of India.

Recommendation (Para No 26)

On considering the details provided by the Ministry of Defence, the Committee feel that there is a need for modernization of hospital infrastructure, renovation and reconstruction of hospitals. Steps should be taken towards this end in a phased manner. A comprehensive plan outlay may be made and the Committee be informed about the progress of the projects.

Reply of the Government

Modernisation project of the Hospitals of Armed Forces are undertaken in a phased manner depending upon the budgetary ceiling allotted to the Directorate General of Medical Services (Army) under AMWP every year. Currently, 45 hospital works of various types are in different phases of construction.

2. The Comprehensive Proposal for Modernisation of 46 Military Hospitals was undertaken in May 2005 with a vision to reconstruct entire hospital infrastructure of the Armed Forces Medical Services at an approx. cost of **Rs 8428.38 Cr**. However, the proposal has not yet fructified due to issues related to budgetary support. The current proposal is being considered as an additional to the Army Budget. An annual cash outgo of **Rs 700-800 Cr** per year has been proposed for modernisation of all the 46 Military Hospitals in a phased manner across a period of 09 years.

Recommendation (Para No 28)

To the distress of the Committee, they were apprised by the Ministry of Defence that presently AFMS does not include alternate medicine in their regime. Ayurveda clinics with 10 beds each at Base Hospital Delhi Cantt and Command Hospital, (Southern Command), Pune were sanctioned vide GoI, MoD letter No. 10(2)/2004/D(Med) dated 15 March 2004 on an experimental basis for one year. The service was reviewed after one year and then shut down. Efforts for integration of AYUSH system have been initiated once again by appointing a committee with DGHS (AF) as Presiding Officer and representatives from AYUSH, Ministry and Service Headquarters. Based on the recommendations of the Committee, action has been initiated for opening of two AYUSH life style centres at Army Hospital (R&R), Delhi Cantt and Air Force Hospital, Hindon on trial basis. In this case, the Committee feel that alternate medicine system is beneficial for preventive and basic healthcare. Also, the traditional system of medicine should be applied wherever suitably required. Therefore, steps should be taken in this direction in all earnest.

Reply of the Government

Based on the recommendation of committee constituted by DGAFMS with DGHS (AF) as presiding officer with representatives from AYUSH Ministry, actions have been initiated for opening of life style centres at AH (RR) & AF Hospital, Hindon on trial basis. The centres would provide preventive, promotive and rehabilitative, services of AYUSH. Non-pharmacological aspects of Ayurveda, Lifestyle modifications, dietary interventions along with yoga and meditation have been recommended. Assistance of AYUSH Ministry has been sought for manpower resources for the centres. Once qualified AYUSH doctors are detailed by AYUSH Ministry, the centres will be operationalised.

Recommendation (Para No 29)

The Committee were informed that with regard to Chemical Biological Radiological Nuclear Warfare (CBRN), as of now, AFMS has no experience. However, training module has been started and preparation is on. With regard to the present position of preparedness of AFMS to deal with CBRN warfare, the Committee were apprised that AFMS is presently responsible for conducting of training of medical officers and paramedics as part of capacity building for CBRN preparedness. A data bank of CBRN training manpower in AFMS has been prepared. Command, Corps and Division level training are also being conducted periodically. Procurement issues and replenishment of Individual Protective Equipments (IPEs) and CBRN equipment for medical units are being managed as per Equipment Management Policy issued by Directorate General Prospective Planning (DG PP) (CBRN) vide their letter No. A/12047/GS/PP(CBRN)/Lgs dated 07Oct 2013. The mother depot of all CBRN equipment is Stores Depot at earmarked Forward Medical Stores Depot (FMSD) / Advance Medical Stores Depot (AMSD) / Field Hospitals under the overall arrangement of DGMS (Army). While appreciating the pro active approach of AFMS in this regard, the Committee desire that more comprehensive efforts are made towards research oriented study, training and development module to deal with CBRN threats as there has been as increasing threat of non-conventional warfare.

Reply of the Government

(a) Head Quarter Integrated Defence Staff (Medical Branch) has undertaken a holistic approach in the field of CBRN Training. This includes workshops demonstration, theory lectures, evidence based and research oriented training. Training also includes range of topics covered by prominent authorities in field of CBRN from Bhabha Atomic Research Institute (BARC), Institute of Nuclear Medicine & Allied Sciences(INMAS), Defence Research Development Institute (DRDE), National Disaster Management Authority (NDMA) and the Armed Forces.

(b) In addition to above, demonstration sessions are conducted by experts of 422 Fd Hosp and Air Force Institute of Nuclear Biological Chemical (NBC) Protection, Arjangarh.

(c) Further efforts are continued towards improving CBRN training and development of modules.

Recommendation (Para No 30)

With regard to the training institutions under the purview of AFMS, the Committee found that there are six Colleges of Nursing (CoN) and one School of Nursing (SoN) to impart training to nursing students. All the Colleges are imparting BSc (Nursing) degree under respective Universities and are duly recognized by the Indian Nursing Council and State Nursing Council. In order to strengthen the training and to have better medical services in the hospitals, the up gradation of various Schools to Colleges is undertaken in phased manner. The details of up gradation of various nursing schools should be provided to the Committee in the Action Taken Replies.

Reply of the Government

All Schools of Nursing have been upgraded to Colleges of Nursing in a phased manner and the AFMS now has 06 Colleges of Nursing. The details of upgradation of Schools of Nursing to Colleges of Nursing are as under:-

CoN, AFMC, Pune - since 1964

CoN, INHS Asvini, Mumbai - 2010

CoN, Command Hospital (Eastern Command), Kolkata - 2010

CoN, Command Hospital (Central Command), Lucknow- 2013

CoN, Army Hospital (Research & Referral), Delhi Cantt- 2013

CoN, Command Hospital (Air Force), Bangalore - 2016.

Recommendation (Para No 31)

On the issue of training of paramedical staff, the Committee found that there is no formal recognition to the training being imparted to Ex-Servicemen under Para medical forces. Further, on the matter, it was informed that a large number of the courses being run for paramedical personnel are recognised by the statutory bodies. However, in service courses conducted at AFMS Hospitals do not have formal recognition at present. Steps should be taken to obtain formal recognition to these courses and the Committee be intimated accordingly.

Reply of the Government

DGMS(Army)

It is submitted that various universities / medical faculties / medical colleges have been approached for recognition of training / courses imparted to paramedical personnel. Uttar Pradesh State Medical Faculty has agreed to affiliate various medical training courses imparted to paramedical staff of Army Medical Corps (AMC). Accordingly, AMC Centre and College Lucknow has been directed to conclude the MoU for the same.

DGMS(Air)

Before the year 2006, only in-service specialist courses were imparted to Para Medical Staff of IAF, which were not recognised by any statutory body. Presently detailment for in-service courses is minimal and subject to service requirement. The in-service courses were of 24 weeks to 52 weeks duration and do not fulfil the stipulated criteria for recognition by any statutory body. Since 2006, various specialists Para Medical Courses have been started under the aegis of recognised institutes/ statutory bodies. Twenty two such specialist courses have been recognised by universities/boards.

2. Recognising the need for post retirement resettlement, Skill Certification Course is being conducted from December 2015 at Medical Training Centre (MTC) Bengaluru in liaison with National Skill Development Corporation (NSDC) on volunteer basis. This course is being conducted for retiring Para Medical Staff in four domains i.e. Emergency Medical Technician (Basic), General Duty Medical Assistant, Home Health Aid and Medical Lab Technician.

DGMS (Navy)

1. **Training to Ex-Servicemen Para Medical Personnel**.

(a) No training is presently being imparted at School of Medical Assistant (SOMA), Mumbai for training of Para Medical personnel.

(b) However, under the National Skill Development Mission, train the trainer programme for Indian Navy, SOMA, is conducting the following courses for skilling of personnel who are due for release from the service:-

Ser No	Skilling Group
(i)	Emergency Medical Technician- Advance (EMT-Advance) (HSS/Q/2302)
(ii)	Emergency Medical Technician-Basic (EMT-BASIC) (HSS/Q/2301)
(iii)	Operation Theatre Technician (OTT) (HSS/Q/2601)
(iv)	Medical Laboratory Technician (MLT) (HSS/Q/0301)

2. **Certificate Courses at School of Medical Assistants (SOMA)**. SOMA, the training institute for Para Medics in Indian Navy does conduct Certificate Courses in various specialties recognized by MUHS, Nashik.

3. **Two Year Paramedical Diploma Course**. The Maharashtra University of Health Sciences (MUHS) Nashik has given affiliation to SOMA for conduct of Two Years Para Medical Diploma Courses in fifteen various specialties.

Recommendation (Para No 32)

. As far as dental training is concerned, the Committee were intimated that there are only two institutes where training for dental services is imparted. One is Armed Forces Medical College, Pune and the second is Army Dental Centre, R&R which is located within the Army Hospital, R&R complex. The Committee feel that just two

institutions is too less and therefore, efforts should be made towards sanctioning and increasing the number of dental institutions under the purview of AFMS.

Reply of the Government

(a) The Oral Health care in the Armed Forces is provided on a tier basis, namely the Primary, Secondary and Tertiary levels. Primary Dental care is delivered at forward areas and peripheral Dental Centres. Secondary Dental care alongwith primary care is delivered at Corps and Zonal levels. Tertiary Dental care alongwith, secondary and primary Dental care is delivered at Commands and IHQ level at Delhi. Thus, a requirement of about 40% of the cadre meets the specialist services for the Armed Forces to fulfil the designated role of the Army Dental Corps.

(b) Various PG training programmes are being conducted at the two service institutes namely AFMC, Pune & ADC(R&R), Delhi Cantt.

(c) The Post-Graduate training programme is governed by the Dental Council of India Regulations on the subject. The present faculty and infrastructure has the provisions to increase the annual intake from 02 to 03 seats per speciality in each year in each of the above mentioned institutions without any augmentation of faculty. However, as the present intake of 18 per year and certain number of Specialist Dental Officers joining in each commissioning cycle are sufficient to meet the necessity, the requirement of another institution for the purpose is not considered appropriate as this will entail manpower, infrastructure and armamentarium in accordance with the Dental Council of India Regulations, which will be a financial burden on the exchequer. Furthermore, increasing the seats for Post-Graduate will lead to functional deficiency in the establishment affecting delivery of oral and dental care to the clientele.

Recommendation (Para No 33)

On account of the above noted deficiencies, the Committee are of the view that in case of unavailability of any training facility in the AFM|S institutions, the Defence Medical personnel may be sent to other training institutions / organisations functioning outside the purview of AFMS for attainment of necessary training / capacity building.

Reply of the Government

The Specialists of the Armed Forces Medical Services are granted Study Leave every year to pursue Super Specialisation after they have become Post Graduates in a Basic Speciality. These Specialists mostly undertake these courses in reputed institutes within India /abroad.

Recommendation (Para No 36)

The Committee observe that AFMC, Pune was established in 1962. Since then, the needs of Armed Forces have augmented manifold. Therefore, there is a requirement for establishment of more colleges on the lines of AFMC which is a prestigious institution in the field of medical training. The Committee recommend that at least three more AFMCs may be established in various zones of the nation. In this regard, efforts should bemade towards development of plan proposal and acquiring approvals from the Ministry of Finance. In addition of increasing number of colleges, more seats may also be sanctioned at AFMC, Pune. During the recently undertaken study visit of the Committee from 04 to 08 July 2017 to AFMC, they found that the present annual intake is 135. Out of this the number of intake for boys is 105, girls is 25 and foreign students is 5. The case for increasing cadets intake to 150 is under process and pending approval from Maharashtra University of Health Sciences and Medical Council of India. The Committee desire that the Ministry of Defence should take necessary steps in this regard so that more seats can be created in AFMS, Pune and the entire process be expedited under the intimation to this Committee. The Committee also recommend that some of the seats so created should be reserved for the wards of Ex-servicemen especially Junior Commissioned Officers and Non-Commissioned Officers.

Reply of the Government

Armed forces Medical College(AFMC), Pune caters to the requirement of Medical officers for Armed Forces Medical Services (AFMS). The shortfall is filed up from recruiting officers from medical colleges all over the country, thus providing representation across all states of the nation. These measures presently meet the annual requirement of Medical Officers of AFMS.

2. It is further stated that there is a limited availability of qualified manpower of teaching faculty, non teaching staff and Nurse in AFMS. It is at present stretched to provide requisite at AFMS Pune and other Post graduate Teaching Institutions of AFMS and also to support the Army College of Medical Sciences.

3. A case was taken up with Medical Council of India (MCI) for increase in seats for MBBS intake in AFMC from the academic year 2018-19. MCI inspection for the same has been conducted on 06-07 Oct 2017.

4. There exists a provision to give preference to wards of serving & Ex-servicemen specially JCO's & NCO's during interview stage subject to their condition that they qualify the National Eligibility cum Entrance Test (NEET) for selection for MBBS course.

Recommendation (Para No 38)

The Committee were further apprised that a Department of sports medicine has been started on Ad hoc basis. Such a department is first of its kind in any Government college. For this purpose, there is an increased requirement of trained doctors to improve fitness standards for the Armed Forces. These posts should be filled at the earliest.

Reply of the Government

The Medical Council of India permitted the Armed Forces Medical College to start new course of MD in Sports Medicine with annual intake of 02 students per year from 2014. In Jul 2017, the first batch of two students successfully passed the MD degree. One of the student who is an AFMS Officer has subsequently been posted to the Department of Sports Medicine as a faculty. The second student, a civilian doctor too has opted to join the AFMS and is awaiting commissioning. The inclusion of the Department of Sports Medicine will be undertaken in the next revision of Peace Establishment (PE) of AFMC.

2. The Department of Sports Medicine is also conducting a 24 weeks certificate course for Medical Officers, with a course capacity of 06. These Medical Officers will be an asset to the organisation in promoting fitness and health of the Armed Forces.

Recommendation (Para No 39)

AFMC, Pune is one of the premier institutions in the field of Medical Sciences. Therefore, efforts should be made in the direction of providing the national status to this institution at par with AIIMS, New Delhi.

Reply of the Government

Case will be taken up for grant of status of Institute of National Importance through an Act of Parliament in due course

Recommendation (Para No 40)

Efforts should be made to augment the number of seats in various colleges of nursing, paramedical, medical and specialists so that they are matched with increasing requirement of manpower in Armed Forces Medical Services. Possibilities and limitations on the same may be furnished to the Committee in the Action Taken Replies.

Reply of the Government

Efforts made to augment UG seats. Case has been taken up with Medical Council of India for increase in seats for MBBS intake in AFMC to 150 per year from the academic year 2018-19.

2. **Efforts made to augment Paramedical seats.**

(a) AFMC has been authorized training of 1200 JCOs/OR annually as per PE of 2013. The training for paramedical course is carried out at AFMC as per the vacancies available at Army Medical Corps Record Office.

(b) AFMC has projected a case to Southern Command for provision of land, building and accommodation for a separate Institute for training of these Paramedics. The number of seats for Paramedical courses will be augmented subsequently.

3. **Efforts made to augment number of seats of MSc(N) , PB BSc (N) & BSc (N)**

(a) The proposal to increase the seats for MSc Nursing from existing 10 seats to 20 seats at College of Nursing, AFMC, Pune has been approved by Medical Services Advisory Committee. This augmentation of number of seats at College of Nursing (CoN), AFMC, Pune will be implemented in due course.

(b) PB BSc Nursing was started in College of Nursing (CoN), Command Hospital (Central Command) Lucknow in the year 2016 with the annual intake of 15 students and has been enhanced to 30 seats in 2017.

(c) The proposal of augmenting the number of seats at CoN AFMC for BSc(N) intake will be reassessed in future according to the vacancies.

Recommendation (Para No 41)

The Committee paid a visit to the Artificial Limb Centre, Pune on 05 July, 2017. The Committee are highly impressed with the kind of work this institution is carrying out and it would not be any exaggeration to call it God's Work. The Artificial Limb Centre has received ISO 9001:2000 certification. The motto of the centre is to "Make the Dream of Every Amputee to Walk Come True". During the study visit from 4-8 July, 2017, the Committee also visited Artificial Limb Centre, Pune and found that the existing infrastructure of ALC is very old. In this connection, the Committee were candidly informed that upgradation of infrastructure on polyclinic concept has been planned in approved Computer Aided Design and Computer Aided Manufacture building which will have ultra modern facilities. The Committee are keen that modernization work must be hastened up and developments be intimated to the committee. In addition to this, the Committee recommend that a special team of experts may be constituted and sent by MoD to ALC, Pune with a purpose of exploring further possibilities in enhancing the infrastructure and modernization of the centre.

Reply of the Government

Revamping of existing infrastructure of ALC Pune is already in the pipeline. The new facility will have a state of art polyclinic designed to serve the needs of persons with disabilities (PwD). New Computer Aided Design (CAD)- Computer Aided Management(CAM) facility infrastructure is already approved as an Annual Major Works Plan (AMWP) presently in tendering stage.

Recommendation (Para No 43)

The Committee were informed that ALC is being supported by five Artificial Limb Sub Centres (ALSC) by providing facilities to clientele in other parts of the country. In the view of the Committee, the role and function of ALC is of tremendous significance and appreciable. The Ministry of Defence should take up the matter of expansion of ALC by way of opening up more ALSCs. A target of starting at least five more ALSCs may be taken up initially. In addition to this one more institution on the lines of ALC, Pune may be taken up for consideration by the Ministry of Defence. The possibilities and limitations in this connection may be apprised to the Committee in the Action Taken Replies.

Reply of the Government

It is submitted that all efforts are being made to achieve fully functional and operational status for the current 05 ALSCs by making them adequately equipped in terms of trained manpower and machinery required for manufacturing and fabrication of Prosthetics and Orthotics. The recommendation for additional 05 ALSCs may be looked into in future depending upon the requirements.

Recommendation (Para No 45)

Medical stores are organised in AFMS to meet the objective of efficient and effective medical store supply chain management. Presently, four Armed Forces Medical Store Deports (AFMSDs) are functioning under this Directorate General i.e. AFMSD Lucknow, AFMSD Mumbai, AFMSD Delhi Cantt and AFMSD Pune. These depots are responsible for supply of Medical, Dental and Veterinary stores and equipment to all the dependant units within the area of responsibilities besides provisioning of medical/dental stores to all the ECHS Polyclinics under the area of responsibility. These depots are also responsible for periodic checks, conditioning and preservation of stocked stores as well as for holding of additional medical and dental stores for any emergency in case of natural or man-made disaster. The Committee found that the above stores are presently housed mostly in old buildings which are not optimally equipped with modern storage and warehousing infrastructure. Therefore, renovation and modernization of buildings and equipments is immediate need of the hour. Every measure should be taken towards achievement of this end in a systematic and time bound manner. The Committee be apprised about the same.

Reply of the Government

AFMSD Lucknow

It is submitted that this depot has already initiated KLP project worth Rs 4720.47 Lakhs and the case file of the above project has been forward to E-in-C vide QMG branch letter No R/52/904/Wks(P&W) dated 14 Aug 2017.

AFMSD Mumbai

AFMSD Mumbai is responsible for provisioning of medical, dental and veterinary stores and equipment for 547 units/establishments of Army, Navy, Air Force, Coast Guard, DRDO, Ordnance Factories and 132 Polyclinics of ECHS located across 10 states in Western, Central and Southern India. AFMSD Mumbai is located at Kandivali (East) and has a land holding of 43.95 acres. The Depot was raised in 1942 at Sewri and moved to its present location in 1976.

2. The stores are accommodated in 14 old buildings with over 17000 SM plinth area of Food Corporation of India godowns of 1960 vintyage and are in poor state and need exhaustive repairs and maintenance in order to optimize utilization of scarce resources

and effectively manage the supply chain to ensure delivery of high quality of health care to troops and their families.

3. The following initiatives have been taken up to improve and modernize the ware house infrastructure of the depot. These are enumerated in the succeeding paragraphs.

(i) **Special repairs to AC to AC Plant & Cold Storage Room :-** A number of drugs and vaccines are required to be stored at low temperatures. The depot has facility to store these at a cold storage (Temp 2^{o}C – 8^{o}C) and a Cool Room (Temp 15^{o}C- 25^{o}C). The Special Repair Works for this facility has been sanctioned vide HQ UM & G Sub Area letter No 1612/SPR/BLDG/GE (N)/AA 16-17/Q3P dated 01 Nov 16. The repair is likely to cost Rs. 56.42 lakhs and has a PDC of 102 Weeks. Tender action is in progress.

(ii) **Special Repairs to Floor, Verandah & Plinth Protection for Group-III, Group–II &Receipt:-** Proposal of special repairs of Floor, Verandah & Plinth Protection for Group-II & Receipt Sec building costing Rs. 145 lakhs have been submitted to HQ UM & G Sub Area and are awaiting Admin Approval.

(iii) **Provision of False Ceiling in Group-I :-** The proposal has been submitted to GE (North) for costing.

(iv) **Provision of Fork Lift Trucks:-**Four fork lift trucks have been introduced in the revised PE of this depot and are awaiting release.

(v) **Provision of New Software for Supply Chain Management:-** The Medical Stores Management System (MSMS) is being replaced by i-Aushadhi, a new software capable of not only inventory control but also enable dependent units to submit their indents on line. The servers for the same have been procured at a cost of Rs. 1,69,638/- and LAN is being laid. User Id and log in passwords for dependent units are being generated and migration is likely to be completed shortly.

4. **Relocation of AFMSD:-** A proposal to relocate the Depot to aggregate resources of Central Ordinance Depot(COD) is under consideration of HQ Southern Command. If approved; AFMSD will be relocated from Kandivali to Malad. The storage accommodation at the proposed location is similar to the one currently occupied by the depot, but is being used to keep ordnance stores. These stores will require works to make them suitable for housing medical stores including provisioning of Cold Storage and Cool Room prior to shifting. A proposal for complete revamp of the AFMSD in modern pre fabricated structure with multistoried racks is being worked on Commandant, Dy Commandant & Adm Officer of this depot visited a Modern Medical Ware house at Bhiwandi on 05 Aug 17 to study the functioning and architecture.

AFMSD Pune

Two works have been projected by this depot for building up of modern storage and warehousing infrastructure.

AFMSD Delhi Cantt

1. AMWP – Projection of Annual Major Works Programme (AMWP) for AFMSD Del- Proposal for Essential Storage Accommodation for Med Stores amounting to INR 4996.35 Lakh projected under AMWP for AFMSD Del. The Board proceedings duly

completed were submitted to HQ Del Areas however the work was not listed in the approved List of works as approved by HQ (WC).

Recommendation (Para No 46)

The Committee found that the indigenous component of items procured by AFMS was much less than the import component. During the year 2015-16 the import component was to the tune of Rs. 78.80 crore whereas the indigenous component was to the tune of Rs. 26.60 crore. In the year 2016-17, the import component was of Rs. 90.34 crore while indigenous content was up to Rs. 23.83 crore. This amounts to a huge gap in both the ratios. The Committee desire that a series of steps should be taken to increase the indigenous content of procurement in AFMC and in the upcoming year it would be desirable to increase the indigenous component upto 50 per cent. The Committee would like to be updated on the initiatives taken towards this end.

Reply of the Government

The Armed Forces Medical Services (AFMS) is committed to procure and promote the use of 'Make in India' technology for medical stores and equipment from indigenous manufacturers. However, this is subject to qualification of minimum essential specifications required for functional efficiency and patient safety. To this end, the Bureau of Indian Standard (BIS) publishes Indian Standards, in a very limited range of medical, dental and veterinary instruments, surgical dressings, artificial limbs, rehabilitation equipment, diagnostic kits and does not undertake certification of high end sophisticated critical care equipment.

2. It has been the endeavour of AFMS to procure medical appliances based on Indian Standards which are available.

3. However, since most medical devices have an impact on the patient's morbidity profile and lifestyle and are required to be used for diagnosis / treatment of patients, it has been the endeavour of O/o DGAFMS to procure best quality equipment / devices which have proven record of having a positive impact on diagnosis and treatment of patients.

4. Moreover, BIS certified devices are not readily available in market. In order to ensure that the equipment work uninterruptedly and optimally even in extreme conditions, it is of paramount importance that such equipment, which become decisive tools in the life and limb saving efforts, are procured only after passing stringent quality certification tests, in terms of defined parameters.

5. Since, most of the procurement being carried out by O/o DGAFMS belong to sophisticated high end critical equipment, hence, the indigenous component of items procured is less than the imported items in both FY 2015-16 and FY 2016-17.

Recommendation (Para No 47)

The Committee, during the course of examination of the subject, came to know that various efforts are being made towards medical preparedness to contain various types of contagious diseases in Armed Forces. Some of these efforts include,

formulation of policies with regard to contagious diseases in consonance with the National Health Programme, Robust mechanism of surveillance and monitoring of the diseases, starting from unit level, health education is undertaken for troops and preventive measures are instituted for communicable diseases, in-built reporting mechanism and updation of health statistics by units, station health organisations, Medical Directorates at various echelons, etc. The Committee observe that AFMS is responsible for provision of health facilities to Armed Forces and therefore it becomes utmostly important to take measures for checking contagious diseases as any such outbreak would lead to serious threat. While taking note of the various measures as stated above, the Committee desire that continuous efforts must be made for preventive and timely action by AFMS on this front.

Reply of the Government

Actions elaborated in the para are being implemented and monitored diligently, by the concerned authority in the Armed Forces. This will be so continued in all earnest in future as well.

Recommendation (Para No 48)

In the recent past, many cases of casualties of soldiers have been reported form the high altitude areas like Leh and Ladhakh. On the issue, the committee were reported that as per morbidity data available, medical casualties have not shown an increasing trend since the past decade. All troops being inducted into high altitude and extreme cold climate areas undergo compulsory acclimatization as per extant army orders. This is followed by a detailed medical examination to assess the fitness for induction into those areas with hazardous climate. The Committee wish to be apprised about the details of medical care being taken and facilities being provided for checking high altitude diseases.

Reply of the Government

1. **<u>For Prevention of Cold Related Diseases.</u>**

(a) Extreme cold climate clothing and other personal protective equipments are issued to all inducted into these areas to safeguard their health from effects of cold.

(b) Fibre Re-inforced Huts / Shelters are provided for soldiers are provided for soldiers deployed in High Altitude Areas (HAA) regions to prevent cold related diseases / injuries.

(c) Devices to keep the living environment warm are provided at posts / shelters for troops.

2. **<u>For High Altitude related illnesses.</u>**

(a) All individuals undergo acclimatization as laid out in Army Orders to prevent any high altitude related illnesses.

(b) A detailed medical exam of all troops inducting into Leh and Ladakh is carried out prior to induction.

(c) Early evacuation of patient by air is facilitated.

(d) Portable oxygen cylinders, Battery operated one man High Altutudee Pulmonary Oedema (HAPO) bags are available on posts in addition to other emergency medicines and medical equipments.

(e) The posts are manned by paramedical staff / medical officers at high altitude areas. The causalities / patients are initially assessed and managed by them.

(f) Field Hospitals at Partapur and Drass, MH Kargil and 153 GH (Leh) have requisite specialist facilities for treatment of individuals suffering from high altitude related illness and if required they are evacuated to CH (WC) / AH (R&R) or other hospitals of Armed Forces for treatment.

Recommendation (Para No 49)

While examining the subject, the Committee found that there had been an increase in number of Psychiatric cases in Armed Forces. In this connection, the Committee were given to understand that the suicide or killing rates in Armed Forces are not abnormally high compared to other Armed Forces in the world. However, the Committee desire that a report may be submitted on reasons for stress, suicides and killings in the Armed Forces that have taken place during last ten years. Also, a policy for justifiable and fair transfers especially in case of tough terrain deployments must be kept in place. In addition to this, a mechanism to observe and identify Armed Forces personnel with psychiatric problems should be formulated and timely psychiatric treatment provided. The Committee may be apprised about the action taken in this regard.

Reply of the Government

Mechanism to observe and identify Armed Forces personnel with Psychiatry problems is in place. Mental health programme for the Armed Forces has been implemented and various actions to be taken have been elaborated in the programme. Detailed guidelines for psychiatric examination, diagnosis, treatment and disposal of service personnel and their families suffering from psychiatric disorders have been promulgated vide DGAFMS Memorandum No 171.

Recommendation (Para No 50)

The Committee were keen to have details on the status of digitization in AFMS. In this regard, the Committee were informed that different aspects of functioning have different percentage of digitization. A rough estimate of 60% digitization exists across the board in AFMS. The Committee feel that digitization will help in curbing pilferage and other malpractices to a great extent along with providing better efficiency and accuracy. Therefore, vigorous efforts should be made towards achievement of 100 per cent

digitization in AFMS. The entire process of digitization in AFMS may be done keeping in mind the threats of cyber security.

Reply of the Government

DGMS (Army)

Army Medical Corps have strived relentlessly and successfully to implement IT enabled administrative and patient related processes in all medical units under Directorate General Medical Services (Army) and is fast progressing towards the development of Army Medical Corps into a centre of excellence in Digitisation at par with the best. The aim is to bring about a digital and electronic transformation in all the spheres of the functioning of the medical services, so as to ultimately enable the delivery of quality healthcare to its large number of dependent clientele. This also includes improvements in internal processes of hospital administration and military logistics. Towards this end and realization of the 'Digital India–e-Kranti' objectives, a comprehensive project on Hospital Information System (HIS) has been initiated which is fully compliant with National and International Electronics Health Records.

2. In addition, thrust has been provided to a focused approach towards meticulous planning, budgeting and implementation of integrated IT Projects which include establishment of Campus Wide Network, National Knowledge Network (NKN) for hosting virtual classrooms and online open courses. Cancer Registry System in collaboration with Indian Council of Medical Research (ICMR), Human Organ Transplant Registry System, Online OPD Registration, Medical Stores Inventory Management System (MSIMS), Medical Store supply chain management system (I-Aushadhi) for Armed Forces Medical Stores Depots (AFMSDs) for transparent and streamlined online indenting, accounting and issue of expendable and nonexpendable medical supplies. Human Resource Management System (HRMS) and Telemedicine projects with ISRO and DEBEL, DRDO in all hospitals under DGMS (Army).

3. As part of capacity building, establishment of Computer Training Labs (CTLs) and IT Trained Cadre has also been planned to be created in AMC wherein training will be imparted to IT qualified AMC personnel in advanced computing, Networking and Hospital Information System. Moreover, keeping the patients as the centre of focus, Army Medical Corps has enthusiastically dedicated itself to improve the quality of management being imparted to them through cost effective, transparent and integrated IT solutions of Govt e-Market place and e-Procurement.

DGMS (Air)

Centralised web based software applications for automation of various processes in healthcare delivery to clientele have been implemented in IAF. The applications are capable of digitizing the patient record and create the electronic medical records and inventory management of medical stores. With the implementation of these applications the electronic medical record of all patients reporting to IAF healthcare facilities is being created except for digital archiving of radiological and other images, automation of lab investigations at primary healthcare centres. Feasibility study for procuring the Picture Archiving and Communication System (PACS) which will digitize the radiological and other images and integrate with the current available software applications is under progress. The project for digitization of legacy medical records of IAF personnel by scanning and archiving is also under progress.

2. With the implementation health smart card project being executed by Head Quarter Integrated Defence Staff(HQ IDS) the medical records of IAF personnel created at Army and Navy healthcare establishments will be digitized and can be integrated with IAF application.

3. Road map for creating complete digitization facilities for IAF medical services by 2020 is being executed.

DGMS (N)

The Indian Navy has already installed Naval Hospitals Information Management System (NHIMS) in INHS Asvini as well as in INHS Kalyani. The implementation of the same is in progress in five more Naval Hospitals as part of the roll-on phase of the project which is envisaged to be completed by 2018. This will lead to about 80% digitization in the hospital services of Navy.

Recommendation (Para No 51)

In the view of the Committee, one of the ways of tackling manpower shortage would be through augmenting telemedicine facilities in AFMS. Also, a dedicated mobile application for AFMS clientele may be formulated and started so that deficiencies in manpower can be tackled to some extent. Detailed note on efforts being taken in this direction may be submitted to the Committee.

Reply of the Government

The initiative taken by AFMS in augmenting telemedicine facilities are not designated to tackle manpower shortage. However, the recommendation of the committee for development of a dedicated mobile application for AFMS clientele to tackle deficiency in manpower is under consideration.

Recommendation (Para No 52 & 53)

The Committee were apprised that for undertaking research activities for AFMS they are liaising with the DRDO who also extend financial assistance for the purpose. DRDO, under the Ministry of Defence, is mandated to conduct research to meet the requirement of Defence sector. Life Sciences Division of DRDO is authorised research funds for the purpose. Sanction was accorded to set up Armed Forces Medical Research Committee under DRDO by Ministry of Defence. The research funds for AFMS are thus allotted by DRDO.

The Committee desired to be informed whether the Ministry has explored the possibilities of dedicated funds for Research to AFMS. On this, the MoD apprised the Committee that the proposal to make DGAFMS, a direct budget controller as part of the revision of Delegation of Financial Power to Defence Services-2015 (DFPDS-2015) has not been included in the revised Delegation of Financial Power to Defence Services-2016 (DFPDS-2016). However, this proposal forms a part of the recommendations of the review committee submitted to the Hon'ble Raksha Mantri. The Committee wish that

the matter should be pursued and dedicated funds for Research directly to AFMS may be considered.

Reply of the Government

The AFMS is an inter-services organization, headed by the DGAFMS with the status and privileges of Principal Staff Officer (PSO) responsible directly to GOI/MOD for the overall policy matters. He is vested with all the responsibilities for quality healthcare of the entitled clientele, medical stores provisioning and supply chain and equipment management, selection and promotion of personnel, training and research matters of all AFMS establishments.

2. Consequently, a proposal to formalise and promulgate appointment of DGAFMSas top-level Budget holder from FY 2017-18 onwards with sole responsibility of entire AFMS so as to bring in harmony between budgetary operations and preparation of sound budget estimates under various code heads and to achieve the terminal objective of provision of quality healthcare to the entitled clientele of the Armed Forces, is under process. The delegated financial powers of the DGAFMS for Research and Development through Government/ Autonomous R&D Organizations and through Private Sector and Armed Forces Medical Research Committee has been included in Schedule – 4, Sub-Schedule 4.1 and 4.2 of DFPDS 2016.

Recommendation (Para No 55)

With regard to Medical Research, the Committee were further intimated that the current annual outlay is Rs. 6.60 crore. The Committee feel that the said amount is not enough to meet the challenges of modern day research technologies and therefore the amount for research and development to AFMS may be increased to Rs. 12 crore annually.

Reply of the Government

Defence Research Development Organisation (DRDO) has increased the fund allocation for medical research from Rs 6.6 Crore to Rs 9 Crore from FY 2016-17 onward. Case has been taken up with DRDO to further enhance the annual research funds to Rs. 12 Crore.

Recommendation (Para No 56)

The Committee were given to understand that approximately 125 research projects are funded annually by AFMS. In this connection, the Committee feel that emphasis and focus should be given on fewer but more meaningful large scale multi-location projects. Also, an increased focus on Military Medicine research may be given.

Reply of the Government

A large share of research funds is being allotted to large scale multi centric projects on military medical issues.

Recommendation (Para Nos. 5 - 9)

The Budgetary Grant to Army for the Financial Year (FY) 2017-18 is a part of the Grant No. 20 (Defence Services - Revenue). The Capital Budget of all the three Forces is a part of Grant No. 21 (Capital Outlay on Defence Services). For the current year, 2017-18 the Budget Grant to Army also includes the allocation to Director General Ordnance Factories (DGOF), Research and Development (R&D), National Cadets Corps (NCC), Director General Quality Assurance (DGQA) and Rashtriya Rifles which were a part of the modified Grant No. 20-MoD(Miscellaneous) in FY 2016-17. These have been transferred back to Defence Services Estimates in the current FY 2017-18.

In the Budget Estimates (BE) 2017-18, the total budget allocation to Army (including Revenue and Capital Budget) is Rs. 1,49,368 crore. This allocation has been made against a projection of Rs. 1,96,185.93 crore made by Army thereby totaling to a shortfall of Rs. 46,817.93 crore or a 'budget deficit' of nearly 25 per cent vis-à-vis the projection. The resources that would be available the exclusive use of Army would be further reduced as the BE for the current year includes the allocations required for organizations such as NCC, Rashtriya Rifles, DGQA etc. It is also observed in this regard that, as there has been a cut of about Rs. 3,000 crore from RE allocation of the previous year i.e. 2016-17, there will be an additional burden on Army on account of the shortfall in current year's budget.

The Committee observed that the Budgetary provisioning to Army is critically short and is likely to affect adversely the modernization process as well as operational preparedness of the Force. As per the submission made by the representatives of Army, the shortage in allocation would adversely affect the Defence preparedness in the days ahead. Therefore, it is an utmost necessity that adequate resources are made available to Army. A separate assessment of the Revenue and Capital portion of the budget is given in the succeeding paragraphs.

The Revenue allocation to Army in BE 2017-18 is Rs. 1,24,114.32 crore. This allocation is made against a projection of Rs.1,53,685.00 crore, which amounts to a shortfall of Rs. 29,571.68 crore vis-à-vis the projection. As the Revenue Budget Grant to Army in BE 2017-18 also includes the allocation for National Cadets Corps (NCC), Director General Quality Assurance (DGQA) and Rashtriya Rifles etc., the resources that would be available to the Army under the Revenue allocation would be even lower.

The revenue segment includes two main components - salary and non-salary accounts. Firstly, the budget needed for salary expenditure is kept aside and then the balance budget is provided to meet other obligatory expenses. As most of the resources under the Revenue Head would be routed for salary expenditure, the amount that would be left for meeting expenditure pertaining to other purposes such as the requirement of stores (including ordnance), transportation (of personnel and stores), revenue works, maintenance, etc. would be limited. Additionally, this will impact on new Raisings & Accretions, maintenance of existing weapons & equipment and replenishment of War Wastage Reserve Ammunition, maintenance and repair of infrastructure etc. The Committee are of the view that these areas which are vital for all time operational preparedness of Army are likely to be affected as the allocation is much lower than the projection. There is every possibility that any sort of deficiency in the facilities, which include provision of basic amenities like food, clothing, shelter etc. may adversely affect the morale of our soldiers. Therefore, the Committee desire that necessary funds be provided to Army under Revenue Head. This could be by way of providing additional grants in the course of the FY 2017-18.

Reply of the Government

This Ministry is in agreement with the recommendation made by the Committee. It may however be added that projections made by the Services, including Army, are forwarded to Ministry of Finance for consideration as it is the nodal Ministry for providing funds. If Ministry of Finance conveys reduced allocation, the same is passed on to the Services. It is agreed that due to reduced allocations, certain adjustments may be made but not to the extent that it affects operational preparedness of the Forces. All efforts are made to ensure that sufficient funds are available to meet the critical requirements of the Services.

Ministry of Finance is the nodal ministry for providing funds. All the requirements projected by the Services are forwarded to Ministry of Finance for favorable consideration. All efforts by way of meetings/letters are made to ensure that funds sought by the Services are provided by Ministry of Finance. The Committee may be assured that all efforts will be made to provide additional funds sought by Army at supplementary/RE stage.

(B) OBSERVATIONS/RECOMMENDATIONS WHICH HAVE BEEN ACCEPTED BY THE GOVERNMENT AND TO BE COMMENTED UPON:

Recommendation (Para No 5)

The Military Nursing Service is intended to perform nursing duties in hospitals including family wards. MNS officers also perform administrative duties relating to their service in hospitals and formation HQ. Nursing Assistant (NA) and Nursing Technician (NT) in the rank of Personnel Below Officers Rank are also available for the performance of nursing duties in hospitals. In case of Military Nursing Services (MNS), the authorization is 4943 whereas the actual strength is 4036. In case of Army, the authorization is 4082 nurses while the held strength is 3379. For Navy, held strength is 288 against sanction of 382 and Air Force has on its roll 369 nurses against an authorization of 479.

Under MNS (NT) for Army, the authorization is 370 and held strength is 352. In case of Navy and Air Force there is no sanctioning of the posts. In case of General Duty Medical Officers, the authorization is 4360 while the held strength is 3978. For specialists, the authorization is 2295 and actual strength is 2068. The authorization for super speciality is 210 and held strength is 208. The number of nurses and paramedical staff in AFMS hospitals is less than civil hospitals. For nearly 1000 bedded R&R hospital in Delhi, only 214 nurses are available, which is 1 nurse for 5 beds. This is far less than the position in AIIMS or in comparison to a corporate hospital like Apollo. In case of AIIMS, the ratio is 1.2 nurse per bed and in Apollo it is two nurses per bed. The nurse-bed ratio, therefore, needs drastic improvement.

Reply of the Government

Current authorisation of MNS is 5317 and recruitment of 353 nursing officers will be carried out from civil this year and 210 will be commissioned this year which will reduce the existing deficiency. Regarding the perceived deficiency in Army Hospital (Research & Referral) (AH R&R), a large number of male nursing assistants are carrying out nursing duties in male wards. However after approval of suggested staffing norms by Govt of India, any upgradation or new hospital will have staffing patterns as per new norms.

(Please see Para No. 7 of Chapter-I of the Report)

Recommendation (Para No 20)

Modernization and Infrastructure Upgradation

On long term plan projection particularly with regards to upgradations of the existing facilities, the Committee have been apprised that for Army, there are plans to provide comprehensive medical support. Army Medical Corps has identified the existing voids and has proposed for raising of 07 Military/General hospitals and upgradation of 04 Militray/General hospitals. These have been done with the aim of ensuring requisite medical cover to the entire Indian Army. The raising of 03 Military hospitals and upgradation of 02 military/General hospitals in border areas has been sanctioned by Govt of India, MoD as part of Capability Development Plan for Northern borders. Further, the Committee have been told that there are various projects going on which include raising three hospitals in the Eastern Command, one at Rangapahar and Panagarh, and the location for the third one is yet to be confirmed. Also, there are two up gradations again in Eastern Command at Misamari and one at Northern Command in Leh. Besides this, there is Long Term Perspective Plan, which include 225 bedded Military Hospital(MH) for Jaisalmer, 50 bedded MH at Chungthang and 49 bedded MH at Borarupak (Near Likabali). There is a proposal for Upgradation of MH Kargil from 44 to 149 beds and 200 Bedded MH for Eastern Ladakh. Upgradation of MH Jaipur to 600 bedded Command Hospital is also in pipeline. The Committee desire the Ministry of Defence to monitor and ensure all the projects mentioned here are progressed in target oriented manner and details of progress are submitted to the Committee in the Action Taken Replies.

Reply of the Government

As part of long term plan projection particularly for upgrading Capability Development along Northern Borders and Long Term Prospective Plan, following are being progressed by this Dte Gen:-

(a) **Capability Development along Northern Borders**

Ser No	Type of establishment	No	Remarks
(i)	MH	03	**01 X 200** bedded Military Hospital at Likabali being raised with effect from 01 Mar 2017. **01 X 200** bedded Military Hospital in support of planned to be raised in FY 2018-19. **01 X 75** bedded Military Hospital planned to be raised in Eastern sec in FY 2020-21.
(ii)	Upgradation of MH	02	153 GH at Leh from 200 to 300 beds. 180 MH at Misamari from 148 to 250 beds.

(b) **Long Term prospective plan (LTPP).** DGAFMS has identified the above mentioned voids and have proposed for raising/upgradation. The same has been processed with Directorate General of Officer Logistic (DGOL & SM/OL-1) vide letter No B/73185/DGMS-3C dated 16Nov 2015.

Ser No	Type of est	No	Remarks
(i)	MH	04	01 X 200 beds Military Hospital planned in Eastern Ladakh. 01 X 49 beds Military Hospital planned at Sitapur Military station. 01 x 50 bedded Military Hospital planned at Chungthang. 01 x 49 Beds Military Hospital planned at Borarupak.
(ii)	Upgradation of Military Hospital	02	01 x Military Hospital Jaipur 166 beds planned for upgradation to Comd Hospital Jaipur 600 beds. 01 x Military Hospital Kargil planned to upgrade from 44 to 149 Beds.

(Please see Para No. 13 of Chapter-I of the Report)

Recommendation (Para No 21)

In case of Navy, the Committee were assured that periodic review was being carried out regularly of the facilities available in various hospitals and the need for upgradation of some of these hospitals, which is based on operational needs and clientele requirements are carried out, INHS Kalyani, Sanjivani, Nivarini, Patanjali, Dhanvantrari, Navjivan and Karanja are currently under various stages of upgradation. The Committee should be provided details of progress made in each case.

Reply of the Government

The details of work on upgradation in respect of Naval hospitals is as under :-

S.No.	Name of work	Present status
1.	Upgradation of INHS Kalyani from 206 bed to 604 bed	Detailed Project Report(DPR) is under preparation by Consultant hired by Chief Engineer (Navy), Visakhapatnam.
2.	Upgradation of INHS Sanjivani from 275 bed to 439 bed	Consultant has been hired by Chief Engineer (Navy), Kochi, who is undertaking preliminary study.
3	Upgradation of INHS Patanjali from 141 bed to 400 bed	Project accorded Cabinet Committee on Security(CCS) approval. The work is in design stage by the consultant.
4	Upgradation of INHS Dhanvantari from 107 bed to 394 bed	Case being steered by Head Quarter Integrated Defence Staff (HQIDS) for CCS approval.
5	Upgradation of INHS Nivarini from 72 bed to 104 bed	Proposal under consideration with MoD, after receiving Approval in Principal (AIP) of Vice Chief of Naval Staff (VCNS).
6	Upgradation of NHKaranja from 16 bed to 30 bed	Infrastructure work for construction of new hospital building has been included in Annual Major Works Plan (AMWP) 2017-18.

7	Upgradation of INHS Navjivani from 60 bed to 151 bed	Case being steered by (Indian Naval Academy) INA Project for CCS approval.
8	Upgradation of Naval Institute of Dental Sciences, Mumbai to the equivalent of a Command Military Dental Centre	Case is under consideration of MoD for accord of Govt Sanction for accretion of manpower, equipment and transport.

(Please see Para No. 16 of Chapter-I of the Report)

Recommendation (Para No. 22)

With regard to Air Force, the Committee were apprised that Policy Page revision of Air Force Hospitals(AFH) has been completed with comprehensive review of all the required facilities. 7 AFH Kanpur has been authorized Cardiology Centre, Gastroenterology Centre, Gastrointestinal Centre and Urology Centre. Enhancement of the facilities at Air Force Hospitals is an ongoing process. A proposal for up gradation of 11 and 12 AFH from peripheral hospital to Zonal hospital is under consideration. While taking note of the details, the Committee would like to be informed about the progress in this direction.

Reply of the Government

The proposal of upgradation of 11 AFH & 12 AFH to zonal was considered & approved by Chief of Air Staff (CAS). However, the proposal was deferred in view of the ban on creation of plan and nonplan posts and purchase of vehicles by M/o Finance.

. **(Please see Para No. 19 of Chapter-I of the Report)**

Recommendation (Para No. 34 & 35)

<u>Armed Forces Medical College</u>

The Armed Forces Medical College (AFMC) was established on 04 August 1962. During deliberations on the subject, the Committee were informed by the representatives of the Ministry of Defence that around 20 per cent students leave AFMC despite a bond amount of Rs. 25,00,000 at graduate level and Rs. 28,00,000 at PG level. The Committee wished to be provided with a report on reasons for drop out which was not readily available with the Ministry of Defence. The Committee desire that a report should be made available to them in this regard.

On the concern of attrition, the Committee desire that efforts should be made to enhance the retention rate and it should be reduced from current 20 percent to at least 10 per cent, if not lesser from the upcoming batches as huge resources and time are involved in training of these cadets. One of the methods can be to increase the bond amount from Rupees Twenty-five lakh to one crore for MBBS and from Rupees twenty-eight lakh to two crore for Post Graduate students. Besides this, other motivational methods may also be fruitfully utilized. In this context, the representatives of Armed Forces Medical Services made an argument that if the deterrence is made so high, then they do fear that students will not come and they may lose the merit. The Committee observe in this regard, that India is hugely populated and there is no dearth of talent.

Motivational service conditions publicized through various mediums of publicity may be used to approach the talented youth.

Reply of the Government

The reasons given by the students for opting out of service liability are as under:-

(g) Desire to pursue PG immediately after passing MBBS.
(h) Family commitments e.g. Family Migrating Abroad.
(i) Parents have set up a practice for them.
(j) Did not get a service of choice. (Navy/Air Force)
(k) Did not get Permanent Commission(PC).
(l) Stagnation in AFMS.

The college has taken the following steps to reduce the rate of opting out of service liability:-

(a) The medical cadets are sent on visits to service units/formations for motivating them to join the Armed Forces.

(b) Faculty members are nominated as “Faculty Mentor” to motivate the students.

(c) The ambience of AFMC campus has been improved with installation of militaryequipment/ aircrafts.

(d) At the time of admission, the Brig Adm (UG), Dy DGAFMS (P & T) and Senior Faculty members motivate the prospective candidates.

(Please see Para No. 22 of Chapter-I of the Report)

Recommendation (Para No. 37)

During the aforementioned study visit, the Committee also came to know that there is an urgent need to get Pharmacy Council of India (PCI) affiliation to department of Pharmacy which has been in existence since 2000. In this connection, affiliation from All India Council of Technical Education and Pharmacy Council of India are awaited. In this connection, the Ministry of Defence must speed up the necessary approvals and the Committee be informed about the action taken in this regard.

Reply of the Government

AFMC had approached Pharmacy Council of India (PCI) in 2015 for approval to start the Diploma in Pharmacy course. Conditional approval for academic year 2016-17 was accorded by PCI subject to appointment of teaching faculty. The course has not yet been started for want of faculty. Government of India has sanctioned the faculty and the proposal of framing of recruitment rules for the posts of Professor, Reader and Lecturers of Pharmacy is under consideration.

AFMC has approached All India Council for Technical Education (AICTE) in 2017 for grant of approval to start the Department of Pharmacy for conducting Diploma in Pharmacy course. The approval was denied for want of original land and building

documents. The facts that these original documents are held with Government offices, that is, original land documents are held with Defence Estate Office and original building documents are held with Garrison Engineer, have been brought to the notice of Chairman, AICTE at New Delhi and outcome is awaited.

(Please see Para No. 25 of Chapter-I of the Report)

Recommendation (Para No. 42)

With regard to the Research and Development in ALC, the Committee were informed that there is no R&D set up in ALC. However, certain Armed Forces Medical Research projects have been undertaken by the officers posted to ALC from time to time. Also, ALC is in the process of collaborating with IIT Guwahati and BARC in development of economical, state of the art passing prosthetic knee joint and micro processor controlled hand joint and feet. A very high level and sophisticated R&D is required to improve upon the existing carbon fibre foot and joints which is not possible in ALC. It was further informed that no separate budget is allocated to ALC for R&D. However, when it is undertaken, research projects are forwarded to O/o DGAFMS, for approval and work is carried out accordingly. The Committee observe that the officers posted at ALC have undertaken certain projects despite infrastructure deficit for the purpose. While appreciating this, the Committee want that a dedicated R&D centre must be opened up at ALC with direct funding. This will help in direct need oriented research and will also curb time lags in receiving various approvals and coordination. The research centre should be well equipped and necessary manpower recruited. Further, the Committee strongly view that the institution must be declared as a Centre of Excellence.

Reply of the Government

1. Prime role of ALC, Pune is provision of comprehensive rehabilitation to amputees and the locomotor disabled. The centre is presently not equipped to carry out the R&D in the field of prosthetics and orthotics it being a technologically sophisticated field. However, ALC has had meaningful discussions for collaboration with other organizations such as:-

(a) IIT Guwahati for development of Prosthetic Knee (awaiting delivery of the final product to be used for trials).
(b) BARC Mumbai for development of advance robotic prosthesis limb (Draft MOU is being processed).
(c) C-DAC for development of myoelectric prosthetic arms.

2. In the long term, ALC and Indian Armed Forces will benefit from a dedicated R&D unit working in the field of Rehabilitative Engineering, Biomedical Engineering, advance Prosthetics & Orthotics as suggested.

(Please see Para No. 28 of Chapter-I of the Report)

Recommendation (Para No. 54)

The Armed Forces Medical Services conduct medical research in all fields of medicine with an emphasis on military medicine and combat medical support. The

Armed Forces Medical Research Committee (AFMRC) headed by the DGAFMS is a Committee of the DRDO which oversees all medical research taking place in the AFMS. Approximately 125 projects are funded annually. In addition to this, AFMS actively collaborates with the Indian Council of Medical Research (ICMR), Department of Biotechnology (DBT), Laboratories of Life Sciences Division of Defence Research Development Organisation (DRDO) {Defence Institute of Physiology & Allied Sciences (DIPAS), Institute of Nuclear Medicine & Allied Sciences (INMAS), Defence Institute of Psychological Research (DIPR), Defence Bio-Engineering & Electro Medical Laboratory (DEBEL), Defence Research & Development Establishment (DRDE)}, and the Ministry of Health in the field of medical research. The Committee opine that the AFMS should explore ways and means to enhance international collaboration for medical research and technology.

Reply of the Government

AFMC, Pune is participating in a Centre for Disease Control & Prevention (CDC)-USA funded project being conducted by AIIMS, New Delhi titled “Capacity Building and Strengthening of Hospital Acquired Infection Control to Detect and Prevent Antimicrobial Resistance in India”.

(Please see Para No. 31 of Chapter-I of the Report)

CHAPTER III

OBSERVATIONS/RECOMMENDATIONS WHICH THE COMMITTEE DO NOT DESIRE TO PURSUE IN VIEW OF THE REPLIES RECEIVED FROM THE GOVERNMENT

Recommendation (Para No. 11)

With regard to the Extension of specialties like Cardiology and Neurology to zonal hospitals, the matter is considered based on above factors and is not rigidly bound by hospital class (number of beds). The facility of super specialist care is being extended to zonal hospitals of Army Medical Corps in a phased manner for selected super specialities depending on patient work load. The Committee have been informed that the number of orthopaedic specialists in the AFMS is presently 57. The numbers being trained annually is a function of service requirement and availability of training capacity is not a constraint in this case. Seats offered to service candidate are based on vacancies arising due to retirement/release and requirements of service. In the course of examination of the related issues, the Committee found that number of service specialists being trained in Orthopaedics in various AFMS institutes were 09 in number in 2014 batch, 07 in 2015 batch and only 04 in 2016 batch. The Committee take note of the decline in number of candidates and feel that such a trend should not be allowed. Even in case of Cardiology and Neurology, there are 18 Neurologists and Neurosurgeons in AFMS. The number of specialist Doctors being trained in Neurology and Neuro Surgery in the last 03 years is as 2 each in 2014 and 2015 batch while it was only 01 in 2016 batch.

Reply of the Government

The specialists, including Orthopaedic surgeons, neurologists, neuro-surgeons, etc., are trained annually as per service requirements and vacancy created due to retirement or release from the specialists pool. Hence, it varies every year according to the requirement. There is no deliberate reduction in the number of specialists trained.

Recommendation (Para No. 24)

During the deliberations, the Committee came to know that AFMS does not have an air ambulance fleet. On this issue, even the representatives of AFMS candidly deposed before the Committee that undoubtedly they would require an air ambulance fleet if the budgetary constraints do not come in the way. The Committee found that presently Air Force and the Army Aviation are used for providing air effort whenever it is required. An air ambulance will have pre-equipped aircraft with intensive care material, monitors, ventilators etc. so that they can be immediately flown in. In the opinion of the Committee, during critical times, especially in insurgent areas, every second is crucial. Thus, a normal aircraft cannot serve as an alternative to an air ambulance. Therefore, the Committee recommend that necessary initiatives should be taken to acquire a fleet of air-ambulances in AFMS and the Committee be informed accordingly.

Reply of the Government

DGMS (Army)

This Directorate General is in the process of procurement of medical equipment on 'Roll in Roll out' basis for equipping Advanced Light Helicopter (ALH) in consultation with Directorate General of Army Aviation for tasking of assets as Air Ambulance with the approval of Directorate General Military Operations & Directorate General Operations Logistics and Strategic Movement. Directorate General Operations Logistics and Strategic Movement has confirmed that 01 x C-17 fixed wing air craft is available with Indian Air Force with fitment for casualty evacuation, vide its letter No 05103/Lgs/OL-1 (Air Amb) dt 14 Sep 2012.

DGMS (Air)

1. No Armed forces across the world have dedicated Air Ambulance, as these are very costly. However, the regular transport aircraft and helicopter are being used in an Air Ambulance role by them after converting them into ambulance version using medical equipment and available infrastructure. The transport aircraft available with IAF can be modified and fitted with stretchers and medical equipment to convert them into ambulance version. The optimal capacity of carrying lying patients for C17 is 36 and for C130 is 76 and seating capacity is 90 and 128 respectively.

2. Additionally a proposal for procurement of a Roll on Roll off module that can serve as an ICU for C17 and C130 aircraft is under active consideration at this Head Quarters. This will ensure that the patient receives best possible care in the air and it will not take much time to load the module into the aircraft, nor will it take time for stretcher installation. This module is a container that is wheeled in and out of the aircraft will have all medical equipment and up to four patients can be loaded.

3. However, to carry a large number of patient, who do not require and ICU setting but are still stretcher bound, a change of role of aircraft is required. The fitment of the equipment takes 2-3 hrs for change of role of an aircraft to Aero-medical ambulance. This equipment is already available with the IAF.

DGMS (Navy)

1. At present whenever there is a need, suitable aircraft is made available by Naval Aviation, depending on the condition and number of patients, which is then suitably equipped by medical authorities with stretchers and other medical equipment for transfer/evacuation of patient from lower echelon to higher echelon.

2. The Directorate of Naval Air Staff is pursuing a case for procurement of Medium Range Maritime Reconnaissance (MRMR) aircraft for the Indian Navy which shall have capability for Casualty evacuation (CASEVAC) and Medical evacuation (MEDEVAC). Airbus C-295 is being considered as one of the possible platforms.

Recommendation (Para No. 27)

The Committee also came to know that there are only two transfusion centres with AFMC, one at AFTC, New Delhi and second at transfusion centre, Kolkata. The Committee recommend that at least two more transfusion centres be developed with one

of them in Northern insurgent areas of the country and another in Southern Command so that larger catchment area is covered.

Reply of the Government

(a) As per existing authorization, there are three Transfusion Centres in the AFMS namely:-

(i) AFTC Delhi Cantt- for Northern and Western Commands (including parts of Central Command).

(ii) Eastern Command Transfusion Centre (ECTC) Kolkata for Eastern Command.

(iii) Blood Transfusion Department (BTD) AFMC Pune- for Southern Command.

(b) Additional Transfusion Centres are not found feasible to be recommended due to the following reasons:-

(i) **Adequate Transfusion Cover.** Apart from the above dedicated transfusion units, every service hospital has a blood bank Command Hospitals and larger Zonal hospitals in each Command Zone have larger blood banks with component facilities.

(ii) **Shortage of Technical Manpower**. There is already an existing shortage of Blood Transfusion Assistants (BTAs) in the Corps as well as Transfusion Medicine (TM) specialists in existing blood banks and transfusion centres. Increasing the number of centres will require more number of BTAs & TM Specialist Officers, thereby, further increasing the functional deficiency.

Recommendation (Para No. 44)

The Committee desired to be apprised about the opinion of the Ministry of Defence in making the Capital Fund for AFMS non-lapsable. On this, the Ministry intimated that there is no proposal to make the Capital Budget non-lapsable and roll-on. However, during the last five years, on no occasion was any substantial amount of surplus funds available for rolling over. The Committee observe that the Capital Budget for next financial year is projected in the month of September of the current financial year depending on the utilization trends of the last three financial years and also the projects which are likely to fructify. The Capital project have an incubation period ranging any time between 180 and 270 days and it is prudent to project for a provisional Budgetary Estimate considering that not all projects are likely to fructify in the same financial year. The total value of Annual Action Plans (AAPs) for the Financial Year (FY) 2013-14, 2014-15 and 2015-16 was approximately Rs. 329.49 crore, Rs. 225.81 crore and 503.45 crore respectively. The fructification of AAPs cases has been analyzed and it is seen that only 0-30% cases materialize due to extended timelines involved in capital procurement process. This becomes a constraining factor in projected budget figure. In view of the facts stated above, a roll on capital Budget will assist in unhampered procurements. The Ministry of Defence should look into the possibilities of making capital budget a roll on budget.

Reply of the Government

The details of the allocated capital funds and expenditure in during the previous years are as under:

S No.	Financial Year	Allocation	Expenditure
1	2013-14	110.9000	111.2912
2	2014-15	100.0000	102.4059
3	2015-16	115.0000	114.1879
4	2016-17	121.5089	121.7108

From the above table it emerges that the allocated fund under Capital Head is exhausted within the same financial year (FY) and that on no occasion has there been any substantial amount of surplus funds available for rolling over to the next financial year. Hence, there does not appear any scope for the provision of roll on Capital Budget.

CHAPTER IV

OBSERVATIONS/RECOMMENDATIONS IN RESPECT OF WHICH REPLIES OF GOVERNMENT HAVE NOT BEEN ACCEPTED BY THE COMMITTEE WHICH REQUIRE REITERATION AND COMMENTED UPON:

Recommendation (Para Nos. 7, 8 & 12)

Specialists / Super Specialists

The sanction or the current pool of specialists in the AFMS is for 2295 posts as laid down vide Govt of India letter No. 10040/IX/DGAFMS/DG-1D/869/16/D(Med) dated 04 May 16. 5% cushion for future unforeseen requirement has been provided which works out to around 78. However, presently there is no enrolment under this category. The Committee desire that efforts should be made to fill up these vacancies at the earliest. In case of annotated appointment, the authorization is 665 while held strength is 519. A Board of Officers has been ordered for revision of the strength of pool of specialists. This is also linked with revision of staffing norms for the AFMS, which is under consideration.

Further, the Committee found that Specialist facilities are provided in service hospitals taken in to account the number of beds in the particular hospital. In case of 76-100 bedded hospitals, only medicine, surgery and anaesthesia specialities are available. The super specialities like Cardiology, Neurology, Nephrology, Urology, Reconstructive Surgery, Oncology, Joint Replacement, Gastroenterology, Endocrinology are available only in Command hospitals which have more than 600 beds. The Committee feel that the specialities such as Psychiatry, Dermatology, Eye, ENT, Paediatrics and Orthopaedics which are presently available only in zonal hospitals should also be extended to smaller hospitals, which have around 100 to 400 beds. Further, the Committee view that the specialities like Obstetrics and Gynaecology, Radiology and Pathology which are presently available only in 'more than 100 bedded hospitals' need to be upgraded even in lower level hospitals which have less that 100 beds as these specialities are coherent with other levels of specialities treatment.

The Committee were keen to know about the impact of shortfall of super specialists in offering services to the clientele of the AFMS. On this matter, the Ministry informed that the AFMS has a minimal deficiency of super specialists and specialists. Further it was submitted that although the impact of deficiency of super specialists is felt in terms of extended man-hours, rationalized leave and frequent move on temporary duties, emergency care of patients is not hampered. Further, constant and vigorous efforts are being made to reduce the deficiency minimum levels. The Committee feel that the issues like retirement, release, promotion etc. are well calculated in advance. Therefore, their recovery should be proactively planned and executed.

Reply of the Government

Changes with regard to staffing patterns of specialist and super specialist will be done prospectively in new hospitals and upgradations of existing hospitals, once staffing norms for AFMS hospitals are approved.

(Please see Para No. 13 of Chapter-I of the Report)

CHAPTER V

OBSERVATIONS/RECOMMENDATIONS IN RESPECT OF WHICH GOVERNMENT HAVE FURNISHED INTERIM REPLIES

- Nil -

New Delhi
12 March, 2018
21 Phalguna, 1939 (Saka)

MAJ GEN B C KHANDURI, AVSM (RETD)
Chairperson
Standing Committee on Defence

APPENDIX I

STANDING COMMITTEE ON DEFENCE

MINUTES OF THE EIGHTH SITTING OF THE STANDING COMMITTEE ON DEFENCE (2017-18)

The Committee sat on Friday, 12 March, 2018 from 1000 hrs. to 1030 hrs. in Committee Room 'C', Parliament House Annexe, New Delhi.

PRESENT

Maj Gen B C Khanduri, AVSM (Retd) - Chairperson

Lok Sabha

2. Shri Suresh C Angadi
3. Shri Shrirang Appa Barne
4. Col Sonaram Choudhary(Retd)
5. Shri Dharambir Singh
6. Shri Gaurav Gogoi
7. Smt Mala Rajya Lakshmi Shah
8. Smt Pratyusha Rajeshwari Singh

Rajya Sabha

9. Shri Harivansh
10. Shri Sanjay Raut

SECRETARIAT

1.	Smt. Kalpana Sharma	-	Joint Secretary
2.	Shri T G Chandrasekhar	-	Director
3.	Smt Jyochnamayi Sinha	-	Additional Director
4.	Shri Rahul Singh	-	Under Secretary

2. At the outset, the Chairperson welcomed the Members of the Committee and informed them about the agenda for the Sitting. The Committee then took up for consideration the following draft Reports:-

i) Thirty-Seventh Report on 'Action Taken by the Government on the Observations/Recommendations contained in the Twenty Eighth Report (16th Lok Sabha) on General Defence Budget, Border Roads Organisation, Indian Coast Guard, Military Engineer Services, Canteen Stores Department, Directorate General Defence Estates, Defence Public Sector Undertakings, Welfare of Ex-Servicemen, Defence Pensions and Ex-Servicemen Contributory Health Scheme'.

ii) Thirty-Eighth Report on 'Action Taken by the Government on the Observations/Recommendations contained in the Thirtieth Report (16th Lok Sabha) on Ordnance Factories, Defence Research and Development Organisation, Directorate General of Quality Assurance and National Cadet Corps'.

iii) Thirty-Ninth Report on 'Action Taken by the Government on the Observations/Recommendations contained in Thirty Fourth Report (16th Lok Sabha) on Provision of Medical Services to Armed Forces including Dental Services'.

iv) Fortieth Report of the Standing Committee on Defence (16th Lok Sabha) on 'Demands for Grants of the Ministry of Defence for the year 2018-19 on General Defence Budget, Border Roads Organisation, Indian Coast Guard, Military Engineer Services, Directorate General Defence Estates, Defence Public Sector Undertakings, Welfare of Ex-Servicemen, Defence Pensions and Ex-Servicemen Contributory Health Scheme (Demand No. 19 & 22)'.

v) Forty-First Report of the Standing Committee on Defence (16th Lok Sabha) on 'Demands for Grants of the Ministry of Defence for the year 2018-19 on Army, Navy and Air Force (Demand No. 20)'.

vi) Forty-Second Report of the Standing Committee on Defence(16th Lok Sabha) on `Demands for Grants of the Ministry of Defence for the year 2018-19 on Capital Outlay on Defence Services, Procurement Policy and Defence Planning (Demand No. 21)'.

vii) Forty-Third Report of the Standing Committee on Defence(16th Lok Sabha) on 'Demands for Grants of the Ministry of Defence for the year 2018-19 pertaining to Revenue Budget of Ordnance Factories, Defence Research and Development Organisation, DGQA and NCC (Demand No. 20)'.

3. After deliberations, the Committee adopted the above mentioned reports with slight modifications.

4. The Committee authorized the Chairperson to finalise the above draft Reports and present the same to the House on a date convenient to him.

The Committee then adjourned.

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APPENDIX II

ANALYSIS OF THE ACTION TAKEN BY THE GOVERNMENT ON THE OBSERVATIONS / RECOMMENDATIONS CONTAINED IN THE THIRTY-FOURTH REPORT OF THE COMMITTEE (SIXTEENTH LOK SABHA) ON PROVISION OF MEDICAL SERVICES TO ARMED FORCES INCLUDING DENTAL SERVICES'

1. Total number of recommendations **56**

2. Recommendations/Observations which have been accepted by the Government (please see Chapter II):

   Para Nos. 1, 2, 3, 4, 6, 9, 10, 13, 14, 15, 16, 17, 18, 19, 23, 25, 26, 28, 29, 30, 31, 32, 33, 36, 38, 39, 40, 41, 43, 46, 47, 48, 49, 50, 51, 52, 53, 55, 56

   Total : 39
   Percentage: 70%

3. Recommendations/Observations which have been accepted by the Government and commented upon (please see Chapter II) :

   Para No. 5, 20, 21, 22, 34, 35, 37, 42, 45 & 54

   Total : 10
   Percentage: 18%

4. Recommendations/Observations which the Committee do not desire to pursue in view of the replies received from the Government (please see Chapter III):

   Para No. 11, 24, 27, 44

   Total : 04
   Percentage: 7%

5. Recommendations/Observations in respect of which replies of Government have not been accepted by the Committee which require reiteration and commented upon (please see Chapter IV):

   Para Nos. 7, 8, 12

   Total : 03
   Percentage: 5%

6. Recommendations/Observations in respect of which Government have furnished interim replies (please see Chapter V):

   Para No. Nil

   (00 Recommendation)

   Total : Nil
   Percentage: 0%